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# Medical Economics

the Business Magazine of the Medical Profession



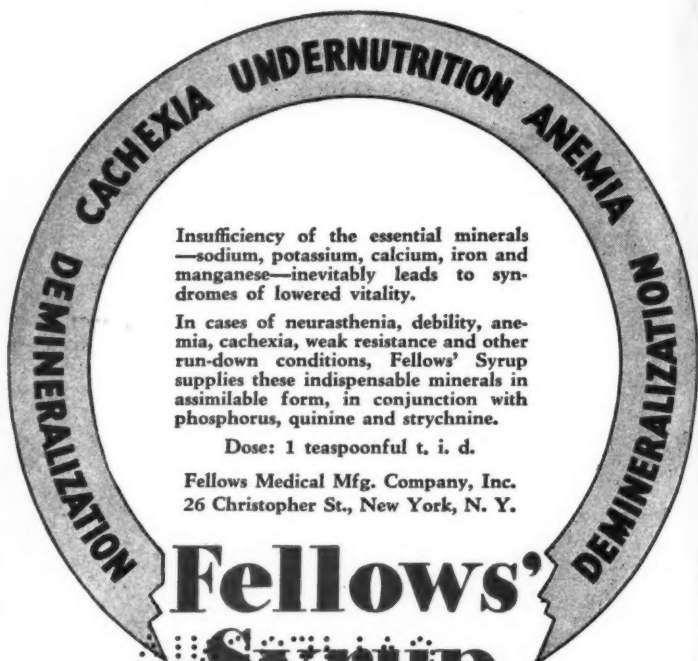
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# MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

OCTOBER, 1931 • VOL. 9, No. 1

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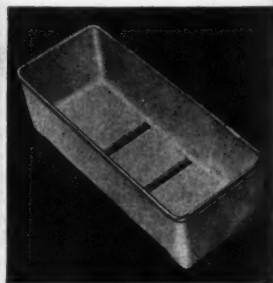
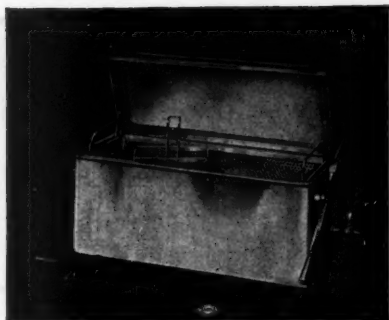
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Within the memory of living man, a patient was spared none of the scalpel's agony. Strong arms and cords counterbalanced the victim's struggles, while surgeon and attendants worked in a fever of speed, spurred on by the screams of their subject. And even after anesthesia came into general use, the words, "It's all over now," could have but temporary meaning for many years. The doctors and nurses knew, if the patient didn't, that there must almost surely follow a stubborn, tedious battle against infection. A battle against an almost unknown force that defied theory and practice for years before it could be controlled.

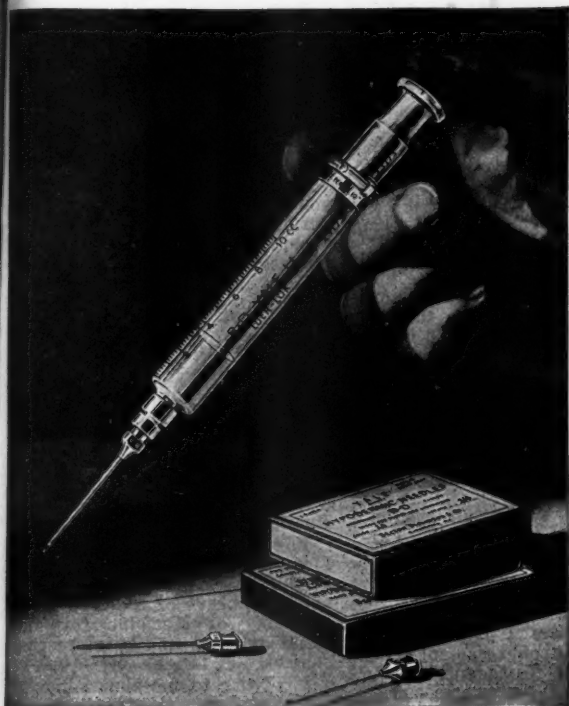
But now, thanks to aseptic technique and the efficiency of present-day antiseptics, the patient knows

that in all probability he will have no battle with infection—at least, none resulting from the operation itself. For the development of antiseptics has kept even pace with surgery, so that infection can be stamped out, surely, yet without injury to living tissues.

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# Speaking Frankly

## Salary

TO THE EDITOR:

I believe the majority of physicians would make and save more money and be happier, and by the same token be able to treat the sick more efficiently, by being on a salaried basis, such as is suggested in the article by G. W. Haigh, M.D. on State Medicine. As he says, a system resembling the Bureau of Medicine of the Army and Navy would be the best solution to most of our problems.

J. M. Hawk, M.D.

## Gambling

TO THE EDITOR:

Floyd W. Parsons struck the key-note to most of the troubles of our country when he advocated curbing of the New York Stock Exchange. For about 15 years I have written yearly to my congressman, senator, and the President of the U. S. urging that some action be taken to curb the gambling away of the wealth, or stealing of the country's wealth, by these licensed leeches.

Not one of them have dared lift a finger in behalf of the people of this land to stop this wholesale robbery of the American people. Stop gambling in Wall Street on the necessities of life—and you will do more for the nation as a whole (the farmer included) than all the farm bills and such like in the world.

They are all blind; we have no real representatives in Congress who will dare to oppose this "money octopus" that is extracting the very vitals out of the people of our land. This thing has continued to get progressively worse for 40 years or more—

and no one dares to raise a hand to prevent it. Wall Street has systematically, persistently, and continuously bled this country of their earnings for 40 years or more.

Stop Wall Street gambling and you will do more to restore prosperity than all other so-called "smoke screen" laws which we possess.

Keep agitating this question until you get somebody to take notice.

William H. Walker, M.D.

## Russia

TO THE EDITOR:

To the undersigned, as a member of the National Conference on Pharmaceutical Research, has been assigned the task of securing material for a paper on "Folk Medicine in Russia".

For the past several months, I have been peering into books at the New York Public Library and the library of the New York Academy of Medicine for material on this most interesting subject.

It occurs to me that some of your readers, either through actual knowledge or by contact with others, may be in a position to give me additional information and material upon which I could base my paper. If any of your readers might be able to send me newspaper clippings, pictures, books discussing the subject, etc., it would be greatly appreciated.

If you will be good enough to publish this letter you will be conferring a great favor upon me.

Samuel S. Dworkin,  
151 St. Anns Ave., New York.

## Menace

TO THE EDITOR:

I have just read "Everybody's Business" by Floyd W. Parsons in which he asks suggestions on how to

handle this great menace of the stock exchange.

Malignancy requires a drastic remedy. An ordinary gambling joint can be closed, so this gigantic gambling joint, alias the New York Stock Exchange, should be closed. Those at the head would put their house in order quickly in an effort to open again.

It is pathetic how many people of small means lose their money. J. H. O'Neill, M.D.

## Gravity

TO THE EDITOR:

The various articles and expressions in MEDICAL ECONOMICS, constantly enlarging its 'waist measure', have considerable merit and undoubtedly supply a want to the few—if not to the many.

But your "Everybody's Business" carries a message—instructive, uplifting and true. I always look for it, always read it, always enjoy it.

The one in the August number (Stock Exchange Philosophy) I think contains a basic truth, universally believed and felt—but like Mark Twain's weather, "not much done about it."

Some day perchance our securities, not transparent as 'mildady's diaphanous gowns of yesterday', may regain their specific gravity and again become dignified and respected tenants within the confines of our safety box.

Nels C. Meling, M.D.

## Interests

TO THE EDITOR:

It is too bad that Floyd W. Parson's article on the New York Stock Exchange was not published in a magazine of general circulation, such as *The Saturday Evening Post*. My suggestion as to the best means of bringing about uniform action in combatting this evil is through publicity, and it seems to me that no one is better qualified to bring about this publicity than Mr. Parson himself.

It should not be hard for him

to elaborate upon this theme by showing how stock gambling has affected definite individuals, groups, and industries, and thus bring to the minds and hearts of the people the immensity and far-reaching potentialities of this national disgrace.

If B. C. Forbes and other authorities in finance could be interested in this campaign of publicity, it is possible that some good would come of it. It is impossible to expect President Hoover or any other government official to take any such steps as Mr. Parsons suggests until public sentiment has been aroused so that they can feel that their personal interference will be appreciated by the great mass of the people and their actions supported.

You must realize that unsupported action in this manner by public officials would arouse resentment and retaliation on the part of the powerful monied interests in the New York Stock Exchange, and inasmuch as the newspapers, many of them, are for sale to the highest bidder, unsupported action by public officials would result in political suicide.

I hope that Mr. Parsons will follow out a definite plan of attack on the most important and most easily understood evils of stock gambling, such as short-selling, buying on margin, etc., and then make clear to the minds of average intelligence wherein these practices result in great harm to individuals, industries, and the nation as a whole.

Does this plan seem feasible?

Frank L. Wood, M.D.

## Dark Cloud

TO THE EDITOR:

If one is to judge by what he sees in the medical press and what he hears in the medical society meetings, he will readily conclude that we are groping under a dark cloud of fee-splitting. It would seem that there is [TURN TO PAGE 131]

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# MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

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## The Shield is Nobler

### PREVENTIVE MEDICINE AND THE GENERAL PRACTITIONER

By Haven Emerson, M. D.

**I**N the spring of 1922 both the National Health Council and the American Medical Association declared themselves of the belief that further advance in the application of preventive medicine demanded the widespread practice of the periodic health examination as a part of the service of the family practitioner of medicine.

This was not, even nine years ago, a new idea, for experience with a wide variety of public clinics, created under health authorities, in schools of medicine, in hospitals, and under social and philanthropic agencies had brought to attention an undreamed of mass of submerged and neglected invalidism, in persons carrying on their work and avocations without thought of complaint or belief that there was any other lot for them than handicapped existence.

Out of every ten persons coming for expert opinion on a possible or suspected pulmonary tuberculosis, seven are found to be

non-tuberculous, and yet bearing a burden often of another remediable or at some stage preventable condition. In every hundred children presenting themselves for schooling at least 65% are found to have one or more potentially if not at the time, disabling and preventable defects. Every review of bodily fitness among men and women whether for industrial or military needs, or for civil employment, reveals the extent to which unnecessary and readily avoidable disease or disorder of function and structure can prevail without knocking at the attention of the patients or driving them to seek medical care.

What is proposed in order to put to work the knowledge of prevalence and prevention of disease, which has been accumulated with care and precision in hun-

From a paper by Dr. Emerson read before the American College of Physicians, March 24, 1931. The complete text will be found in the proceedings of the College.

dreds of educational and research institutions, and by the contributed devotion to fact of still more thousands of medical practitioners?

What is the influence which physicians in their personal relationship hold which is of greater persuasiveness towards health than can ever be the authority of law, its enforcement by public officials or the ingenuity and plausibility of generalized popular health promotion through slogans, campaigns, drives and objectives of volunteer or non-official health agencies?

The influence, potential and actual of the practitioner of medicine, though small in amount at present and applied but haltingly and with diffidence, in persuading the public towards health is seen at its best in pediatrics and obstetrics. It consists in his knowledge of health structure and function, deviations from which he has in the past been chiefly concerned with detecting, measuring, and treating. Physiology rather than pathology is the basis upon which his power of direction of human life in health is built.

The obstetrician whether in the person of the specialist or of general practitioner has accepted evidence accumulated by studies of a statistical and epidemiological character,

to the effect that prenatal supervision of the expectant mother can be relied upon to reduce the proportion of stillbirths, lower the neo-natal mortality rate, i.e. deaths in the first month of life, and increase the probability of survival of the mother with a minimum of postpartum morbidity.

Incidentally good prenatal care as at present carried out contributes largely to a reduced prevalence of syphilis. In his capacity of private practitioner of medicine, the physician called upon to guide the pregnant woman can and does contribute to the sum total of community health to a degree and in a quality of service which it is most unlikely any other professional agency can replace.

Health departments may for the dependent expectant mother facilitate by organization the

This is one of New York City's toxin-antitoxin fleet. The sign on the truck reads: "Diphtheria is Deadly to Children. Go to Your Own Doctor or Get Advice for Treatment FREE Aboard."





provision of medical and nursing care during pregnancy, and at and after confinement, but it will always remain for the private practitioner to exert the greatest influence in this field.

At the present time probably not as many as one quarter of the expectant mothers of this country are receiving a medical guidance towards health which is known to be desirable, economically practicable, and productive of a very tangible degree of life saving.

It remains primarily for the physician in private practice to persuade his families of the value of prenatal supervision.

It is to the pediatricist, however, that public health owes its largest debt of gratitude, for it has been to his credit that the healthy babe put in his trust at birth has received increasingly complete health service.

Dr. Bela Schick, originator of the Schick Test, immunizing a child at the Bellevue-Yorkville Health Center, one of New York City's public diphtheria prevention stations.



No single element in the advance of preventive medicine has contributed so much to the increase in average expectancy of life, to the prevention of infant mortality, and the reduction of many of the communicable and nutritional diseases of childhood, as has the introduction of health supervision, a function of the ordinary personal or family practice of medicine, and into the routine of organized public health work.

In infancy, during the pre-school age, and for school children it is now usual to provide, at public expense where necessary, but to an increasing degree through the family physician or the child specialist, a supervision of growth and development, the establishment of at least two specific active immunizations, and medical and dental health examinations at appropriate

intervals, not for the purpose of detecting disease but with the object of establishing and maintaining life, and its most important functions in childhood, growth in physiological equilibrium, together with avoidance as far as may be of communicable diseases, and developmental defects.

We know now that where our city communities are alert to use and supply health services for

[TURN TO  
PAGE 101]

# Finance Plan

**T**HE medical finance balloon is leaking gas, and is about to descend.

That is an opinion gathered from executives of banks operating conservative personal loan departments, from the heads of old-line finance companies, and others who know.

Having been inflated to far beyond its logical importance, partly through natural causes, partly through ballyhoo, it is time someone pulled the valve on the idea—and we might as well start now.

•

The big talking point, of course, is that the finance plan gives the physician his fee on the spot—which I'll admit is an ace of a talking point.

Against, that however, check off a few of these *anti*-talking-points:

1. The doctor only gets part of the fee on the spot, and a little more when the patient pays up, but never the full fee; there is always a cut for the finance company.

2. If the patient walks out on his note, the doctor is left holding the bag, not only for the *full fee* (which he has not received) but also for the interest.

3. No physician would risk offending his *good-pay* patients by suggesting that they sign papers with a finance company. That limits the plan to patients of unknown or poor credit standing.

4. *If the patient is going to sign a note at all, why not a note to the physician, instead of a note to a third party, bearing the physician's endorsement?*

5. If the doctor needs the amount of the fee at once, why not get it from his bank at 6% instead of from the finance com-

pany at somewhere around 20%?

6. The doctor could afford to give his patient 10% discount for paying cash and still be 10% ahead.

7. For what he pays the finance company in discounts, the doctor could afford a higher-powered secretary to handle the entire business side of his practice, to bring patients tactfully to a credit understanding outside the consultation room, and to follow up the collection afterwards.

8. It is significant that the oldest and largest finance companies have kept strictly away from medical finance business.

•

There is no argument at all in the statement that patients must postpone necessary treatments or operations because they haven't the fee.

If such patients don't want to accept charity, and if their own doctor insists on being paid cash, they may try the personal loan department of their local bank, a cooperative credit union, or an industrial bank—and borrow the fee.

The Personal Loan Department of the National City Bank of New York has, since it began in the spring of 1928, loaned about \$90,000,000 to more than 50,000 borrowers at straight 6% interest, with no investigation fee, and giving a term insurance policy on the borrower to protect the two co-makers of the note. Other banks in the country are offering a similar service.

Readers of MEDICAL ECONOMICS have been urged at least a score of times in the last seven years to deal with patients of whose intentions they are not sure, and who are not obviously charity



"If the patient is going to sign a note at all, why not a note to the physician, instead of a note to a third party, bearing the physician's endorsement?"

## DOES IT BELONG IN MEDICINE?

By HAROLD S. STEVENS

Managing Editor, Medical Economics

cases, by taking the patients' notes. A number of methods for doing this have been suggested, and the whole routine has been described in detail.

In this connection there is an idea in the plan used by the Presbyterian Hospital of the City of Chicago. Here the installments are paid before the final service is rendered. A pregnant woman (if not able to pay a private doctor) is permitted to register for the hospital's \$45 complete obstetrical service, paying, at the time of registration, \$5 for each month she is pregnant. \$5 a month is paid thereafter, the total amount thus being paid up before confinement. A Baby Book, something like a bank's Christmas Club book, is given each pa-

tient. Applicants for higher-priced service can pay under the same plan, which is, after all, nothing more than the Thrift Club idea, applying the discipline of regular payments.

The reason that medical finance companies have been successful in separating the doctor from part of his rightful fee is simply the fact that a good number of physicians do not go to the pains of applying the above methods to their own practices.

There is no reason under the stars why a physician with an efficient secretary should not handle matters of credit within his own office, working closely with a good credit reporting and collection bureau—preferably one organized and operated by the

county medical society.

Generally, there are three kinds of finance companies in the medical field:

1. Organizations running on private capital.

2. Organizations running on capital solicited from the medical profession by private promoters.

3. Organizations promoted from *within* the profession and securing capital either from doctors exclusively, or from anyone who will invest.

The plan works in these ways:

1. The doctor accepts installment paper from the patient, signs it as a co-maker, and turns it over to a finance company, to collect as it periodically comes due. The finance company gives the doctor cash varying from 60% to 85% of the face of the patient's note. Part of the remaining percentage is usually paid over to the doctor, if the patient makes good. (And if the patient doesn't make good the doctor pays; in other words, the physician still holds the bag for deadbeats.)

Interest charges, discounts, reserve fees and other devices for increasing the cost to the patient, and decreasing the net received by the physician, vary widely between companies. The finance company usually realizes from 10% to 20% on its loan.

Previous to the panic, two years ago, most people were buying everything in sight on the installment plan. With monthly payments going out on the radio, the iceless refrigerator, the Chevrolet, and the handsome blue wicker baby-carriage-for-twins, there was usually not much left for the butcher, and nothing at all for the doctor.

And then someone asked, as if it were a new idea, "Why not pay the physician on the installment plan too?"

With plenty of ballyhoo—newspaper editorials, luxuriously

printed literature, and medical meeting addresses—the impression was soon created that, in the finance plan, the doctor's bill had reached its millennium. No more worrying and waiting for his fee by the doctor, and no more postponement of that appendectomy by the patient. Anybody can see how simple it is.

It ought to be just as simple to see that the finance plan opens the door to a whole new series of rackets, that it brings onto the scene a whole new population all looking for (and getting) a slice of the doctor's fee, and that the whole thing is unnecessary anyway.

Long before the finance companies entered the picture many physicians practicing among a transient clientele, or having other reasons for keeping large fees off the books, were accepting time notes from patients, saving both the patients and themselves exorbitant interest and service charges.

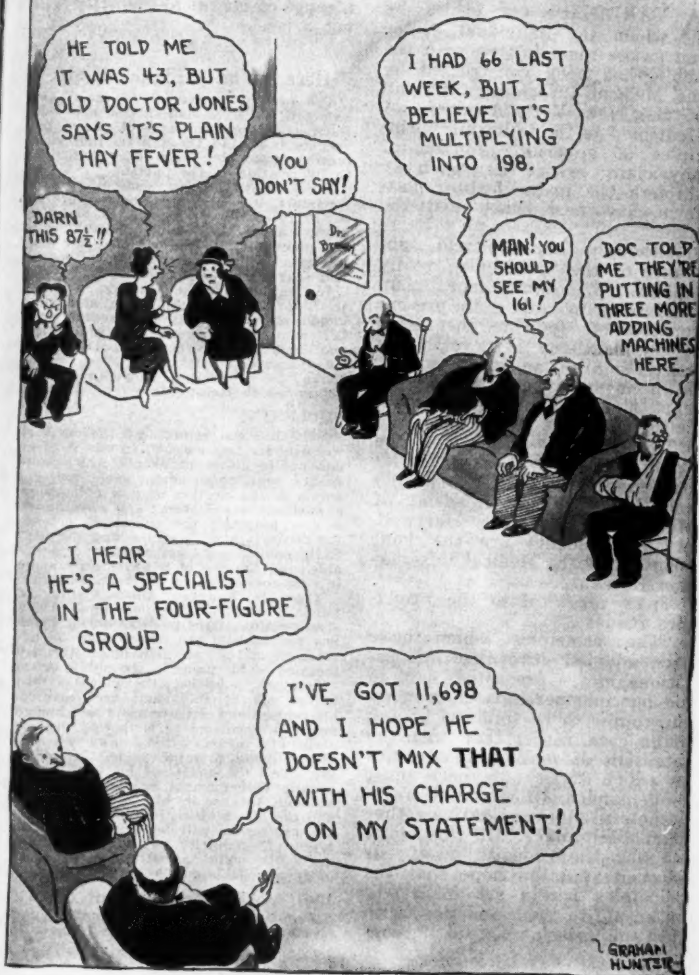
As for medical finance companies as an investment for doctors! Of course some companies *may* pay dividends, and they *may* be as safe as any other speculation, and not just stock promotional schemes; and they *may* have men of good reputation and high character at their head; and they may even administer their affairs so as to safeguard the doctor's dollar. But those are matters for each physician to investigate thoroughly, if he feels capable of doing so (and if he does not, he should stick to conservative investments).

Then there is always the thought that if the doctor has the money handy to invest in such companies, he could just as well afford to handle his own paper.

And of course, if he does invest, he would want to make sure that the company is not going to gouge patients—and doctors too. But perhaps the less said about that the better.

# It's an Odd Thing about Medicine

NOW A NEWS ITEM REPORTS THAT DISEASES IN THE FUTURE ARE TO BE **NUMBERED** INSTEAD OF NAMED!:



# How Much Publicity

## HERE ARE THE RULES SET

**A** YARDSTICK of ethics by which the individual doctor can gauge his relations with the public has been constructed by the Medical Information Bureau of the New York Academy of Medicine—in the following “principles of governing contact of physicians with the public through the press, lecture platform, lay periodicals, and the radio.”

Although the sum and substance of the “principles” really amount to nothing more than good taste according to present concepts of Medicine, the action of the Academy is nevertheless interesting as an effort to set down in black and white just what is and is not ethical publicity.

The Medical Society of the County of New York (Charles Gordon Heyd, M.D., President) and the New York Academy of Medicine (John A. Hartwell, M.D., President) are the joint sponsors of the Medical Information Bureau.

Their foreword to the principles reads:

“The principles which have been adopted governing this relationship are presented more to aid our memberships in knowing the course to be followed in any given case, rather than with the intention of making fixed rules to which strict adherence must be demanded. It is our desire to be helpful and cooperative rather than disciplinary. In this spirit we ask the cooperation of our associates in the hope that the principles herein set forth will be an aid to them and that, with this aid, occasion for taking cog-

nizance of unethical publicity will not arise.”

Here is the yardstick itself:

The present tendencies in social and economic life have made it desirable that the medical profession, both as an aggregate body and through its individual members, should become more articulate in its relation to the public.

However, this being something of a departure, it is necessary that a working set of principles be formulated to guide physicians in their public contact with the community, to the end that the best interests of the community be served and that ethics be not violated.

In considering the common avenues through which the profession and individual physicians may address the public, namely the press, the radio, the public platform and popular publications, we find three possible types of approach. These are publicity, propaganda, and public health education.

### PUBLICITY

Publicity we witness in the medical world under two aspects. In one it gives due public notice of events which constitute legitimate news, such for example as the election of new officers in a medical organization; the opening of a new hospital; the award of a prize for distinction in medicine and the like. Such publicity is legitimate and desirable, and the use of a physician's name in this connection is not reprehensible.

There is, however, another form of publicity unfortunately employed by a small section of the medical world, which has for its aim the exploitation or advertisement of an individual through mention of his name in the public press.

In such publicity, the comings and goings of the individual are featured, his connections, achievements and honors are mentioned and he is thereby deliberately and often without any warrant given undue prominence in the public eye above the merits of his professional equals. This form of publicity is objectionable, because its aim is reprehensible and the effect upon the public and upon the profession will be deleterious. This type of publicity among physicians cannot be countenanced and those guilty of it are liable to discipline.

### PROPAGANDA

Propaganda has for its main objectives the arousing of public interest in

# Is Ethical?

## DOWN IN BLACK AND WHITE

Pocket Edition of the New York Academy's Publicity Yardstick:

1. Don't try to hog the newspaper spotlight with news of your comings and goings, and avoid particularly the playing up of your medical connections, achievements, and honors.
2. If your name appears in connection with health propaganda, make sure that the agitation itself is primary, and your name secondary. The same applies to public health education.
3. In radio broadcasts, be introduced as "Dr. John Jones, Clinical Professor of Medicine at XYZ University"—not "Dr. John Jones, an internationally famous authority . . . ." Keep personal reference to the minimum. Submit radio talks in advance to the publicity committee of your society.
4. If you are paid to give a commercial broadcast, don't prostitute your name by making your address a testimonial for any product. Again, confer with your publicity committee.
5. If you write an article for a magazine read by the laity, submit it to the society for review before offering it.

supporting and acting on health matters.

In propaganda, emphasis is placed on some matter of public health interest and only incidentally upon the physicians connected with it. Tuberculosis prevention, cancer control, diphtheria prevention are legitimate public health items for propaganda. The appearance of physicians' names in connection with such agitations is by the exigencies of press practices necessary and allowable.

### PUBLIC HEALTH EDUCATION

Public Health Education differs from publicity and propaganda by the nature of its content. A statement, for example, that measles is a much neglected and dangerous disease made by Dr. Jones may serve as a typical example of a public health education message. Such a statement should not give special prominence to its maker. On the other hand, the statement is given impressiveness and authoritativeness when emanating from a representative physician or from an official medical body. Such a physician speaks not for himself but for the profession. He serves merely as the mouth piece through which is expressed a fact universally agreed upon by physicians.

### RADIO BROADCASTING

The radio presents a number of singular problems which need individual consideration. It is highly desirable that the medical profession should take advantage of the opportunities for constructive propaganda and for health education presented by the radio. And yet the radio is a medium in which the personality of the speaker, understood in its widest implications, counts for much. Anonymity on the radio is, therefore, incongruous. A physician making an address on the radio must of necessity be introduced by name. More than that, to establish his right to speak his standing or connections, educational or associational, must be given.

All of these requirements can be fulfilled without violence to good taste or ethical procedure. The speaker's name may be given by the announcer without adorning and superlative references to his abilities or achievements. "Dr. John Jones, Clinical Professor of Medicine at the X.Y.Z. University" will suffice as an introduction. Dr. John Jones, who is a practicing physician, should not be introduced as an internationally famous authority, etc.

In the body of the radio paper, references to the person of the speaker, his

[TURN TO PAGE 144]



*"Now I but chide; but I should  
use the worse,  
For thou, I fear, hast given me  
cause to curse."*

*Midsummer-Night's Dream.*

**J**UST the other day a lady came to me with a rather complicated case which required not a little peeking around and weighing this and that possibility; and perhaps during my lengthy survey of her physical malady she may have conceived the idea that I did not know what I was about. As a matter of truth, I knew the general direction but not the exact road; and was trying to orient myself in the semi-dusk of my cerebration.

However, presently I worked up enough of a clinical history and its attendant picture to convince myself; and then came the task of showing the said lady—and a nice-looking, intelligent party she was—what was wrong and what she ought to do about it.

It happens that my practice is confined strictly to a specialty, and while her case came within the purview of my particular kind of medical work, its treatment did not, but entailed the services of an internist for some highly essential diagnostic study. So she was told what made her throat hurt, and her hands to tremble and her sleep to be impaired, and so on, running down each and every part of her symptomology until the picture was built logically and complete.

At the close of our *seance* she wrote me a check for the amount of my fee, and then I wanted her to go to an internist—who happened to be a friend of mine. Surely not on account of the friendship but because he is a highly skillful physician, and would have been able to corroborate my diagnosis and carry out the necessary course of treat-

# Doctor Brown Speaks his Mind

By FASSETT  
EDWARDS, M. D.

ment. This latter work I do not do. My bounden duty had been performed, and I had directed her case on to where it belonged, in the hands of an efficient internist.

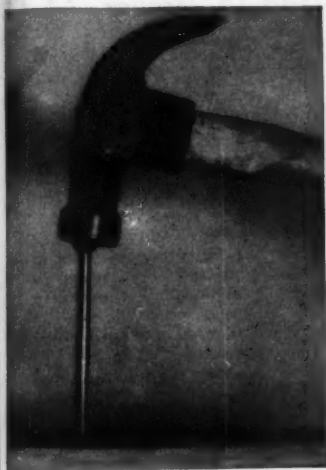
Did she go to the internist, as she promised me she would do? She did not, for I asked him about her visit and was told that she did not keep her appointment.

Heaven only knows when she will go, perhaps not at all; and likely some of these warm days she will appear at the office of a chiropractor or a healer, or she may knock about from pillar to post without adequate attention until she falls into such a grave condition as to force positive action, permit of no more procrastination; and at that stage she may conceivably be so far advanced in her malady as to make it impossible to save her. I had just such a case as this, some years ago; and the memory of it is very keen.

Many think that the practice of medicine is such a sinecure, so utterly simple, that it's a



shame to have to pay us anything at all; and very often they forget to do that very little thing. The physician probably carries the worst lot of credits in his vocation of any person making an honest living. He will extend credit to almost anybody; and while it has been figured out



mathematically that ninety per cent of us are honest, sometimes, when I look at my books, I am inclined to the belief that the cipher should be deleted. We physicians have to educate our children, buy the wife a new gown once in a while, pay the grocer for his wares, just like anybody else.

There may be cases which at times appear to be very much against the physician; but if we were to be judicially minded and study the two sides of the matter we should perhaps find that the doctor's side presented facts of value and weight; and with this knowledge in mind we might

perhaps think twice before being so stoutly condemnatory.

That physicians, strive as they will, make errors, just as everybody else does, is bound to be admitted without argument. And why *should* the public expect them to be so superperfect, never to be wrong? So much of our work deals with deeply hidden things, matters that perforce are mostly conjectural, not subject to positive exactitude, that we must, in fairness, allow for the physician at least as great a percentage for error as is allowed a good carpenter, whose work is immeasurably simpler than ours. He is permitted to patch here and there, to correct his mistakes—which always occur; and while he does not have kindly nature to aid him, neither does he work with such infinitely delicate tissues as human flesh and blood.

Nature is often kind, but not always so; nor is she perfect, by any means. [TURN TO PAGE 123]

"For us to be spirited in defense of the truth is merely an act of popular service . . . . The medical profession owes itself some personal attention, notably to bestir itself from within and to sell itself to the public. They await us with open arms, but we will have to come to them much more than half way."

# Vulcan!

## THE OLD BOY TOSSED ONE WE CAME NEAR MUFFING

By Roland G. Breuer, M. D.

**V**ULCAN was the weazened little god who had charge of the thunderbolts and other electrical appliances on old Olympus. The story goes that he became a bit swelled with his own importance and got too cocky. This aroused up Jove and he heaved Vulcan down the Golden Stairs.

A fractured hip resulted—the orthopedist who took care of it didn't interpret his radiographs correctly, or neglected taking a Wassermann, or something. However it was, the old hip set crookedly and its bearer limped forever afterward. As a result, old Vulcan was not as spry as previously, and found it hard to cover his job efficiently.

Along came Volta, and Faraday, and Benjamin Franklin, and Edison, and Roentgen. These boys dissected Vully's thunderbolts, found out what made the wheels go round, and hitched them to candles, and cameras, and vacuum cleaners, and phonographs until poor, crippled Vulcan was fain cuckoo from trying to look after his increased interests.

He finally was forced to delegate some of his manufacturing business to understudies on earth. And there came the rub: some of these latter hurled their products so promiscuously among an unsuspecting and hitherto happy public that no one knows where the end will be.

Now, there is no gainsaying that Vulcan and his understudies have good apparatus. We furthermore admit that there are instances wherein nothing will substitute as well. But the pinch comes in the method of "laying it on."

Years ago physical agents, such as electricity, vibration, heat, massage, etc., were quite extensively used in the treatment of sickness and disease. The static machine (which I turned for my father's patients through so many weary hours) the baking oven, and the light cabinet; the marble-embellished wall-plate with its buzzing faradic coil and clicking surge-interrupter. At this time accepted medical literature contained repeated references to the use of these physical modalities, which wore the cloak of unassailable respectability.

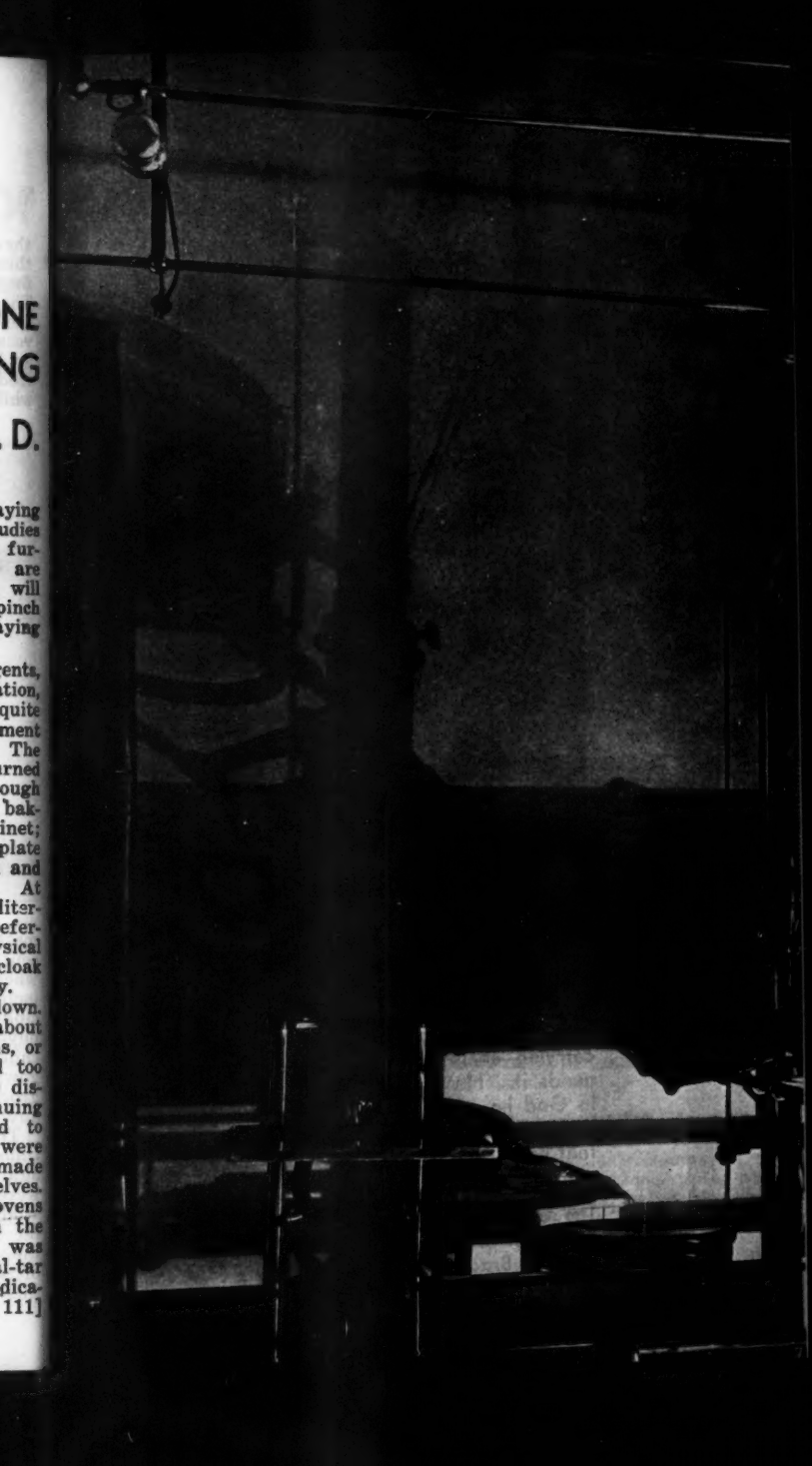
And then it all died down. Whether it was brought about by exploitation by charlatans, or whether the users promised too much, these modalities were discarded, and the ones continuing to use them were laughed to scorn. The static machines were dismantled; their cabinets made superb drug cases or book shelves. Light cabinets and bake ovens rusted and disintegrated in the barn. Physical therapy was eclipsed by the glare of coal-tar derivatives, intravenous medication, and sur- [TURN TO PAGE 111]

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# A Minister Talks



"To tell a doctor that he needs religion is like carrying coals to Newcastle. He knows that he needs it. He knows that without a definite faith in God he cannot accomplish the things upon the bodies of God's creatures, and with their minds, that he must be able to accomplish in a satisfactory manner . . . ."

The author, Rev. Ralph Welles Keeler, D. D. is Pastor of Goodsell Memorial Methodist Episcopal Church, Brooklyn.

# s to Doctors

BY RALPH WELLES KEELER, D. D.

**T**HE doctor is my friend. I meet him on the highways of my parish. I sit with him at the dinner table. I worship with him in my church. I meet him in the sick room where hearts are heavy and only hope and faith and skill have place. It is there that I see the doctor at his best. He has fought the long fight to hold off death, and now puts his trust in God alone.

We are so apt to think of the doctor as being different from other men. This is because of his more intimate acquaintance with our bodies. He has looked inside of us. He has taken us apart and put us together. He has used his skill and wisdom to give us medicine that counteracts some dread disease that has laid hold upon us. The doctor is almost superhuman to us. He is able to do the things that we are unable to do. Therefore do we stand a bit in awe of him. Because of all this we sing his praise. And rightly.

But the doctor is a man like the rest of us after all. He cannot forever give of himself without renewing his own spirit. He must turn to the same source of help and strength to which other human beings are obliged to turn.

And therefore religion is a very practical matter for this man who writes our prescriptions, who operates upon our loved ones, who advises us in the way that we should live in order that these bodies of ours may serve an alert mind, a strong heart and the vision of love and service which comes to every one of us.

The scientist is able to tell us many things about life, but he cannot create it. His analysis is most helpful, but there is a barrier beyond which even he cannot pass. For his science is but a part of the great mystery that we call life. And life thus far has eluded his test tubes and careful measurements. The doctor is able to fight the battles against death up to No Man's Land.

And what a glorious fight he makes! His body and mind and soul are in every minute of it. All he is and knows, all he has learned and all his skill go into his defensive and his offensive. But in No Man's Land he must often lose the battle. He cannot prolong life beyond a certain point. He still must search with us as to the why and how of life itself.

No one knows better than my friend the doctor that the real product of life is character—that it is spirit. This fact is involved in so much of the advice that he gives to his patients. For in addition to the careful prognosis, the skillful operation and the prescribing of medicine, is the giving of his own spirit to those who need that particular gift sometimes as much as they do all else that he is able to bring them.

This means that my friend the doctor needs to turn to the source of Divine Wisdom just as I do. Like me he must go to God for strength and help. He must see through our Heavenly Father the vision that is to give him the faith and [TURN TO PAGE 93]

# 19 days—

By SPENCER T. SNEDECOR, M. D.



WHEN I sailed from Newport, R. I., at noontime of July 4, as one of the crew of the *Mistress*, entrant in the 1931 Transatlantic Yacht Race, the idea suddenly came to me that this, after all, was not a Saturday afternoon regatta in Long Island Sound.

Our destination was not one of those friendly buoys that line the yachting havens—nor even one of the coastal light ships. It was Plymouth, England, 3,134 nautical miles away, nothing between but a great deal of ocean.

The *Mistress* was schooner-rigged, 60-foot over all. She had no auxiliary motor, no radio sending set. Our contact with the terra firma on which I had just kissed my wife and two small children good-bye, was a small radio receiving set, and this was used largely for time signals and weather reports.

It crept upon me that perhaps, after all, from a consultation room in Hackensack, New Jersey, to a salt-damp and rather in-commodious forecastle was a large straddle to accomplish over night.

3,134 miles is a long way to one standing on the deck of the *Leviathan*. To those of us who

(1) The author lived in these oilskins the last ten days; (2) the slender lifeline on the left provided a welcome grip; (3) cook; (4) the deck of a racing yacht.

# 9 hours

(In crew of Transatlantic Yacht "Mistress")

were amateurs in the 11-man crew of the *Mistress*, Plymouth was just a point on the compass—something you think about but might never get to.

Make no mistake about my own status on board the *Mistress*. While I was there as ship's doctor, I worked as a sailor, four hours on and four hours off. A half-hour trick at the wheel, and a half-hour lookout at night. The rest of the time clewing up lines, hauling wet sails below or dry ones up, hoisting the spinnaker, or stopping the balloon jib; or if five minutes passed without any of these things urging for attention, looking for a dry spot in which to sit and await the next change in sail strategy.

Learning the U. S. pharmacopia I had always believed to be a moderately severe tax on the memory until after my first night out on the *Mistress*. Commands sung out by our skipper, George E. Roosevelt, our first-mate, C. Sherman Hoyt, or our second-mate, Douglas Green, sounded to my land-bound ears much as some of our [TURN TO PAGE 139]

(5) Last sight of America—a coast guard cutter in Rum Row; (6) the "Mistress" rode the tallest waves like a swan; (7) Warm days on the Gulf Stream; (8) Plymouth.



# Yes, Worse than

**A** DEALER in surgical instruments in a state bordering the Mississippi Valley has courage. Alone, and in the face of competition and poor times, he started a crusade to end the practice of giving rebates to physicians on referred surgical appliance business, a vicious custom of splitting the profit on a truss or belt with the referring M. D.

This firm first appealed to the state medical association's publicity bureau to help end the palm-scratching. The bureau thought it over and then replied: "The members do not wish to refer this subject of rebates and credit memoranda . . . to the Judicial Council . . . unless it becomes necessary . . . You will recognize that if it should become necessary to refer the information which we have to the Judicial Council, an open investigation will have to be made, and it is almost inevitable that it would get into the hands of the Better Business Bureau."

This must have sounded a bit as if the state association was afraid to look into its own woodpile. Undaunted, however, the dealer promptly sent a form letter to all the physicians in that state, reading in part:

"The undersigned takes this method of announcing the fact that any form of rebates on surgical instruments, orthopedic appliances, or other supplies, has ceased . . . We trust our customers will heartily cooperate and save us the necessity of declining rebates."

If secret fee-splitting is bad, secret rebating on prescribed articles is worse, because it has no possible justification. There may be an argument in the thought that the division of fees between practitioner and consultant is, after all, no more than an informal group arrangement.

Rebates from a druggist or surgical



# Fee-Splitting!

dealer form a horse of a muddier color. Here the doctor plainly takes the stance of a hotel bell-boy, with the hand held at the well-known convenient angle. It is said that the practice is almost universal among hospital interne staffs. Perhaps it originated there and was carried in the course of progress into the practicing ranks. Whatever the origin, we, and not the surgical dealers, must assume the initiative for ending an evil which is not so vicious as picayunish.

For the real evil in secret rebates is not the potential harm to the patient, but the harm to the physician himself. I am assuming, when I say this, that the professional instinct is still strong enough in most of us to prevent our prescribing unnecessarily, or sending the patient to a store which sells inferior merchandise. The essential harm of the practice lies in its very picayunishness.

Does any man have a self-respect capable of sustaining itself on secret tipping? Bad enough these days to speak of the degradation in state medicine, regulatory legislation, and lay charity control—breaths which are already dimming the light of professional freedom. A degradation fully as profound exists in such nickel-nipping as the acceptance of rebates on prescriptions.

We cannot expect the surgical dealer to take the initiative in stopping the practice. Not all of them have the courage, or the position, of the firm mentioned in the first paragraph. Clearly it is up to the solid ranks of our profession to boycott guilty firms.

This is not a tremendous issue, which fact is all the more reason for giving it our immediate attention. Let us see which medical society will be the first to drag it into the daylight and draw a resolution.

*H Sheridan Baker*

# Garage Attached

ALMOST A NECESSITY TO THE



In No. 1 the garage balances the open porch at the other end of the house; in No. 2 a room has been added over the garage; in No. 3 the garage is not recognizable as such from the street.

A suggested arrangement for a physician's combined home and office, with attached garage, is shown on page 32.

## BUSY M. D. • By MILTON TUCKER

**M**INUTES spent walking from house to garage and back, many times during the 24 hours, count up—and footsteps likewise.

In fact, those seemingly few and unimportant footsteps may easily stretch out to many miles in the course of a year, traveled in all kinds of weather and at all hours of the night, *unless* you have the foresight to construct your garage *attached* to the house.

In the good old days when Doc had to hitch up Napoleon to the buggy for a race with the stork, it was considered the proper thing to keep the stable some distance from the house for reasons of sanitation and fire hazards. But nowadays, with our cheap fireproof construction to baffle any fire which might start in the automobile or garage, there is no reason under the sun for not having the garage attached to the physician's residence.

Think of the advantage of being able to walk across a porch on a stormy night to reach the garage, or, better still, to enter the garage without going outside at all, say through a vestibule between the garage and the kitchen, or even directly from the physician's office. Any one of these convenient arrangements not only saves time for calls but saves the physician's physical energy on a strenuous day.

But of even greater importance is the conservation of his nervous energy by removing numerous possible causes of a ruffled disposition—events that “start the day wrong.” Think of the advantage of being able to start out on a round of calls on a win-

try morning after a heavy snowfall and not have to dig a long driveway out of the drifts! Incidentally the modern garage door no longer has to be pushed out into the deep snow or into the March wind that snatches it off the hinges. The modern door slides straight up with little effort on the part of the operator and flattens out on the ceiling.

But to get back to our story, if the garage is to be built integral with the house it should be entirely separated from the rest of the house by fire resisting walls and ceilings and fireproof doors. Metal doors and windows to prevent flames from breaking out of the garage and setting fire to the house are now made on a quantity production basis. Furthermore architects and engineers have devised inexpensive fireproof walls and ceilings to separate the roaring flames for hours from loved ones asleep overhead.

Generally speaking, fireproof construction has become so standardized that it is no longer an expensive matter to provide the proper obstacles against the spread of fire. As a matter of fact there are substantial savings possible when the house and garage are built as one unit.

The largest of these savings is one whole side of the garage, including foundation, exterior wall, cornice, gutter, etc. Moreover that portion of the house wall which otherwise would have been exposed need now be only a rough masonry wall and consequently less expensive, especially in the case of a brick or stone house. If the garage is placed under second floor rooms

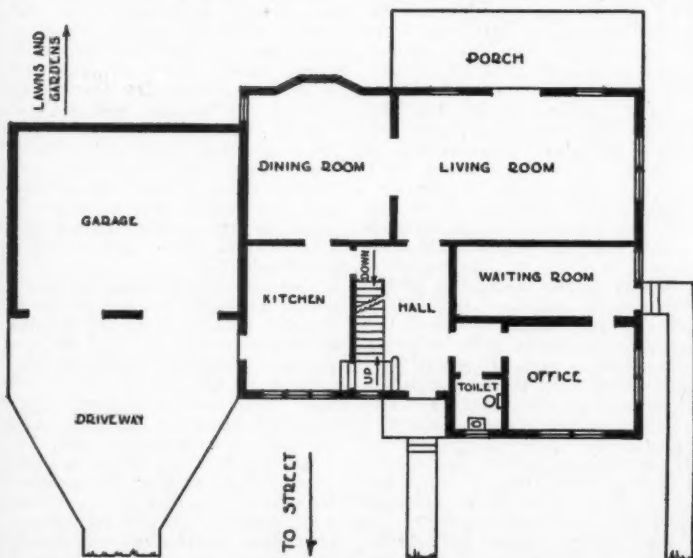
the cost of the garage roof may be considered as saved. Of course if the house is built on a sloping lot or high above the sidewalk as is sometimes the case the garage can be placed under the house and the entire cost of the garage will be small and will include only such items as the doors, driveway, and necessary fireproofing.

When the garage is attached to the house the cost of a separate garage heater is eliminated since it is now possible to connect the garage radiators to the main house heater. This saving is especially worth while if oil burners are contemplated. There will also be a saving in the size and number of radiators and the amount of fuel consumed annual-

ly, since there is less wall surface exposed to the cold outdoors and consequently less "heat loss."

Then, too, heating engineers tell us that one boiler is more efficient than two boilers, that is to say, the one boiler will produce more units of heat, per gallon of oil or ton of coal, than two smaller boilers. And what busy physician would not rather have one heater to fuss with than two? Furthermore from the standpoint of safety it is better to keep the flame of a heater out of the garage where gasoline fumes might possibly gather.

A garage located some distance from the house requires a long expensive run of water pipe to supply water for the boiler and for wash- [TURN TO PAGE 95]



This first-floor plan, drawn by the author, shows how office, living quarters, and garage can be arranged for maximum convenience. Notice that the doctor leaves and enters in the rear part of the house, and that out-going patients need not pass through the reception room.

# the cluttered desk

**O**BVIOUSLY, doctors have not suffered from the business depression as much as some others—architects, for example. Nevertheless, there are fewer roses than usual in the medical path. Now, more than normally, scientific ability needs a salting of business judgment to make a practice that will endure, let alone grow.

Just plain scientific ability, however, is still able to command respect from within the profession. In evidence of that, is the action of one medical society in the East which has given up refreshments after meetings and is applying the money thus saved (about \$50 per meeting) to carry over members who cannot meet dues.

That is loyalty. So is the will of the late Dr. George M. Kober of Washington, D. C., who left the District of Columbia Medical Society \$6,000 recently "for needy or infirm physicians".

What about this traffic in pharmaceutical samples which rumors are attributing to a small section of the profession?

Here's how the story has it: the physicians gather in all the samples they can scout up, and deliver them periodically to messengers at a price just a little higher than nothing; the messengers carry them into headquarters, from where they are bootlegged in various directions at low prices.

Of course doctors have been known to do strange things in their spare time, particularly when they have a lot of it. Aside from the moral and fair-play aspects, however, it seems as if manufacturing plug nickels

would return bigger profits than begging samples and selling them.

An Oregon physician had printed and hung up in his office a neatly designed card reading like this:

"The earning power of a man who receives \$100 per month income is equivalent to a capital of \$20,000 placed at 6% interest.

"A business man with a capital of \$20,000 is glad to spend a small portion of his interests annually to guarantee the safety of the principle.

"The safety of the principle is what counts in either case! With the first man, *his health is his wealth*. With the second man, his principle is his wealth. If either man loses his wealth, he loses the income.

"Hence — Protect your Health, Protect your Wealth, Protect your Happiness.

"Have periodic semi-annual complete physical examinations by a competent, honest, medical man."

The office of Flight Surgeon opens up a new field for physicians who feel more at home in salaried positions. Several of the large air transport companies now employ Flight Surgeons to keep pilots in top shape. On one of the lines 96 pilots are examined monthly, the examination being exceptionally strict and including the Schneider Index, which method for determining fatigue was developed in the Army Air Corps.

The degree of Flight Surgeon is conferred upon a doctor grad-

# Tempting the Appetite of the Convalescent!

Tempt the eye—and the winning of the appetite is well begun. The many appealing and nourishing dishes that can be prepared when Knox Sparkling Gelatine is combined with items in the convalescent diet are often found invaluable where the desire for food lags behind the body's need of it.

KNOX Gelatine dishes are often specified. This is because Knox contains no ready-prepared flavoring, coloring, or sweetening. It is pure granulated gelatine. An analysis

shows 85-88% protein content. Knox is therefore usually preferred to ready-prepared gelatine desserts which actually contain only about 12% gelatine. Pure granulated gelatine is regarded as readily digestible and quickly absorbed.

Knox has had an accredited dietitian prepare a number of recipes for gelatine dishes suitable to convalescent diets. We shall be glad to send you a quantity of these if you wish them.

## WESTVILLE CREAM

(Six Servings)

	Grams	Prot.	Fat	CHO.	Cal.
1½ tablespoonsful Knox Sparkling Gelatine .....	10	9	..	..	..
¼ cup cold water .....	..	..	..	..	..
1 square chocolate, grated .....	10	4	15	9	..
¾ cup hot water .....	..	..	..	..	..
¾ cup milk .....	100	8	7	9	..
2 eggs .....	100	13	10.5	..	..
¼ cup cream, whipped .....	60	2	18	3	..
5 tablespoonsful sugar .....	60	..	..	40	..
1 teaspoonful vanilla .....	..	..	..	..	..
Few grains salt .....	..	..	..	..	..
<b>Total</b>	<b>33</b>	<b>50.5</b>	<b>60</b>	<b>526.5</b>	

Soak gelatine in cold water. Heat chocolate, water, milk and salt over hot water, then add gelatine and stir until dissolved. Separate eggs and beat egg yolks until lemon colored. Stir hot mixture slowly into egg yolks. Return to stove and heat over hot water until mixture thickens slightly. Remove from stove, add vanilla and chill until nearly set. Beat egg whites until stiff, fold into jelly, also whipped cream. Mold and chill until firm.

## LEMON MIST

(Six Servings)

	Grams	Prot.	Fat	CHO.	Cal.
1 tablespoonful Knox Sparkling Gelatine .....	10	9	..	..	..
¼ cup cold water .....	..	..	..	..	..
1½ cups hot water .....	..	..	..	..	..
Grated rind 1 lemon .....	..	..	..	..	..
¼ cup lemon juice .....	40	..	..	4	..
2 eggs .....	100	13	10.5	..	..
2 tablespoonsful sugar .....	10	..	..	16	..
<b>Total</b>	<b>19</b>	<b>10.5</b>	<b>20</b>	<b>216.5</b>	

Soak gelatine in cold water. Boil rind of lemon in water used for dissolving gelatine; add sugar; pour on soaked gelatine—stir until dissolved. Pour this into well beaten egg yolks. Return to stove and cook over hot water until mixture thickens slightly, stirring constantly—add lemon juice and pinch of salt. When nearly set fold into egg whites which have been beaten stiff. Mold and chill.

# KNOX *is the* real GELATINE

If you agree that recipes like the ones on this page will be helpful, write for our complete Recipe Book—it contains dozens of valuable recommendations for the convalescent diet. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories, 448 Knox Ave., Johnstown, N. Y.



Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_

uating from the Army Air Corps School of Medicine.

An insurance agent in Ohio found that the percentage of bills collected on the first statement increased remarkably shortly after he began printing his statement heads on the reddest paper he could find. In fact, he could not find anything colorful enough in bond paper, so changed to a light-weight cover paper, in which he had his choice of a number of startling hues.

It is hardly to be recommended that a physician render his statement on the most vivid red, green, or purple paper available—or even upon paper of any tint. The idea to be derived from this is simply that many people who can pay bills immediately neglect some few of them because their attention is divided between so many. Some such device as mailing on the 28th instead of the 30th, or of using stationery of vellum instead of ordinary bond—may be all that is needed to make your bill stand out from the welter of end-of-the-month statements.

I once met a physician who printed, just below the total of his statement, this phrase: "Paying this bill before the 15th, will entitle the patient to one telephone consultation free."

A simple supplement to his bookkeeping system made sure that prompt-paying patients actually did receive this courtesy.

At least two hospitals in the United States—the Perth Amboy (N. J.) City Hospital and the Bremerton City (Washington) General Hospital—have changed their names recently in order to eliminate the word "city". Neither hospital is city-owned, but

many patients evidently thought so and expected free treatment. The first became the Perth Amboy General Hospital, and the other, The Olympic Hospital, Inc.

This sort of confusion, most physicians will agree, is not limited to hospitals. Many patients apparently believe that a private doctor is endowed, like the Salvation Army or the Museum of Natural History—and that the fee is only a sort of donation which they may or may not pay according as they choose (and often they do not choose).

This is borne out by the fact that these same patients will have the fee in hand as they enter the office of a chiropractor.

If a physician could resort to the simple device of changing his nameplate—to, say, Private Consultation Office of Dr. John Jones, Graduate in the Medical Sciences—that might help, but medicine, fortunately, has not yet reached a need for waving the flag to that extent. Nevertheless, publicity of the proper dignity, sponsored by the county medical society, could do much to reestablish the physician as a private consultant, and not a public fixture.

First it was "Doctors' Wives"—then "Night Nurse"—and now it is "Should a Doctor Tell"—all three screen pictures in which doctors and nurses predominate. Medicine is cutting quite a figure in the movies these days. Last season all the actors who could make more or less convincing impersonations of gangsters were buying one-way tickets to Hollywood; this season it is the ones who look like doctors, nurses, ambulance drivers, and invalids who are on the way there. Maybe a few real physicians and nurses will be joining the procession.

—H. S. S.

# Everybody's Business

By FLOYD W. PARSONS

**W**HAT of humanity in this economic crisis? What is the average person going to get out of the drastic readjustment of world trade and industry? Will we be able to identify and drive out the hidden enemies of business?

Our present business system stands condemned from every angle of analysis. It results in one-third of our population being continually on the poverty line. Although a great many of our executives have exalted principles, the great majority of people engaged in trade and industry follow a very low plane of ethics.

We have travelled well along into the golden age of industrial achievements, but there are clear evidences that we are still floundering in the stone age of economic thought. Our understanding has completely failed to match our physical strength and skill.

The profit-making motive in most places is supreme. A large part of our executive control has fallen into irresponsible private hands. Powerful individuals have issued stock as they pleased, overworked labor, distributed misleading balance sheets, exhibited generally an autocratic contempt for recognized responsibility.

Terrible losses and unmeasured distress have resulted from selfish financial manipulations. The recent ruin of a great railroad is a case in point. The stockholders were helpless against the directors and the managers of the company. Drastic changes in policies and practices were voted at the urge of directors who would profit in a large way from the changes that were ordered.

The records indicate that there has been less threat to the savings of the average citizen from the operations of out-and-out crooks than from the manipulations of many eminent leaders and respected financial institutions.

Even in our last year of unparalleled prosperity, nearly 700 of our banks failed. The current depression has caused this total to more than double. Hundreds of rural banks have carried on without regulation and without banking brains.

Instead of supplying wise leadership and standing as a bulwark against folly, our bankers encouraged inflation of all kinds, loaned money to unproved investment trusts, financed promotion companies and





## IDLE HANDS, IDLE MONEY

"The longer we are held back by the forces of fear and stagnation the more violent will be the recovery."

fostered wild price fluctuations, all of which resulted in over-expansion, uneconomical mergers, and the diversion of the attention of business men from their regular duties. This is a serious indictment, but if it were not true, 9 million people in the United States in the last ten years would not have had \$2 billion of their money tied up in bank deposits.

Our recurring business cycle proves we are the victims of a planless economic order. For a long time we have been a leader in the field of joblessness. For the last thirty years, on an average, one out of every ten persons engaged in manufacturing, transportation, mining and construction in this country has been

out of work. Our big men have no control over their psychological reactions of optimism and pessimism, and so far have failed to show any great urge to carry out a program that would balance the nation's economic load.

We give ear to oracles who scorn reality, follow the disciples of humbug, foster faith in miracles, exalt the racketeer, operate a distri-

bution machine which now employs more persons than does manufacturing, and adhere to age-old myths concerning the sanctity of individualism. We maintain vaults filled with unemployed money, and live in such a way that the majority of our people are compelled to run like the devil to stay where they are.

This is no time for alibis or excuses. It is a day to see the truth and speak it. We need to understand that so far no civilization has ever been self-supporting. Each one was born, culminated and decayed. In order to prevent such a recurrence we must raise the ethics of business to a far higher plane and subject



# Stability

From the year 1860 the firm of John Wyeth & Brother has served the medical profession by providing them with medicinal agents of purity, prepared and compounded accurately and presented in the most practical and convenient form.

From small beginnings the reputation of the house has grown to a position of world-wide renown. The traditions of the founder, on which were based the stability of the house, animate the entire organization, and are the inspiration to serve the physician of today and tomorrow with the same high standards and ideals which have made the house of Wyeth famous.

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PHILADELPHIA

IN 1860



the profit-making motive to wise regulation.

Much has been done to abolish the tyranny of man over man. The majority of our companies now try to give correct weight and value, put truth upon their labels, use a one-price policy, keep false statements out of their advertising, regard the customer as right, stand back of the integrity of their goods, and accept the idea that property has duties as well as rights. Even our "gross materialism" has given us better homes, more efficient machines, greater comforts, improved health, and recreations that are cleaner and safer.

To say we have not progressed would be an untruth. But further radical changes are now being forced upon us by new conditions. The desire to make money must be made subordinate to such principles as those which underlie compulsory education, employees' liability measures, factory acts, honest banking practices, law observance, and the preservation of public morals and public health.

An earnest effort must be made to permeate the business world with the fundamental principles that now govern our major professions. Just as the medical profession assumes responsibility for the technical competence of its members, so there must be some power in the business field able to demand proofs of competence from those who aspire to be leaders of trade and industry.

A veritable flood of within-the-law larcenies indicates the urgent necessity for having powerful commissions to deal with contracts founded on lies, fake bids, rigged-up prices, bribery of public officials, trade cliques hidden behind false pretensions, and a multitude of other costly subterfuges. Self-government in industry is desirable, but this does not mean we shall permit industry to organize against the public.

The sequel of our current depression is certain to be interna-

tional cooperation, a temporary freedom from the evils of unproved theories, the restriction of all kinds of production that end in a senseless destruction of vital resources, the substitution of co-operative self-help by distressed industries for foolish federal subsidies, and long-term political and economic planning.

The halls of Congress will ring with oratorical blasts of demagoguery. The capitalistic system, with individual production control, will be placed on trial. Wages will be a bone of contention. Politicians will seek the front pages of the press with all sorts of cures. The nation will shiver from the effects of the unending assaults on current habits and methods. Destructive developments will be numerous and disturbing, but the consequences of these will be outweighed by beneficial acts that represent substantial advances.

In the meantime the forces of progress will still be active. Hundreds of amazing changes are imminent and our stores of gold will be forced into employment by the urgent need for financing an endless variety of projects.

The electrical industry will revolutionize the entire process of producing and distributing current. The infant electronics business will grow by leaps and bounds. An amazing array of innovations in the motor car field will make our present automobiles old-fashioned indeed.

The building industry will snap out of its coma. The creation of new building codes in large cities will cut costs by permitting the use of new materials and new designs. A number of buildings recently have been arc-welded. An all-metal house of the bungalow type, made in sections easily set up, has been designed to sell for \$1,000, exclusive of plumbing and general fixtures. The entire exterior is of copper and the interior walls and ceiling of sheet steel.

In the meantime our popula-

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tion goes on increasing at the rate of a million and a half a year, necessitating a constantly expanding market for life's everyday commodities.

Our chemical industry has hardly more than started its expansion. The big natural-gas units must proceed with the work of completing a vast network of pipelines to cover the entire United States. The railroads will have to spend hundreds of millions of dollars on electrification projects, the inauguration of door-to-door deliveries, and the coordination of rail, motor truck, plane and steamer transport.

Similar indications of delayed activity might be pointed out in the food, communication, merchandising, road-building, irrigation and all other major industries.

The longer we are held back by the forces of fear and stagnation, the more violent will be the recovery. Just as nothing could prevent the bursting of the bubble of inflation, so nothing will prevent an overwhelming reaction to the factors that have been permitted to carry deflation to a ridiculous extreme. Not for much longer will idle hands and idle money remain separated.

## Have a Nurse by the Hour

**TAXI-NURSING**—\$2 the first hour, \$1 the second, and 50 cents for each additional hour—is becoming popular in Chicago, says Miriam Ames, R.N., Executive Director of the Joint Committee on Hourly Nursing, in the August number of the Chicago Hospital Association's Bulletin.

The service is given by graduate registered nurses who have been selected for their ability, personality, and particularly speed of accomplishment, by the Committee. The regular staff is so busy handling calls that a group of associate nurses has been formed to answer calls during the peak hours—9 to 11 A. M.

Here are some of the special needs met by hourly nursing: furnishing short reliefs for 24-hour nurses; giving hypodermics or renewing dressings; caring for patients arriving or departing on trains; pinch-hitting in a physician's office when the regular nurse is absent; serving patients who cannot afford constant attendants, or who have no accommodations for a regular nurse.

The Joint Committee on Hourly Nursing was organized by a group of lay and professional women in Chicago four years ago, but made slow progress until January, 1931. At that time the Committee, able to prove that the project reduced the cost of illness to people of moderate means, received a substantial grant from the Julius Rosenwald fund.

"Physicians", says Miss Ames, "have assured us that they have many demands from patients asking for nurses who are willing to come for less than a full day... Just why hourly nursing service has not grown out of all bounds is difficult to understand... Is it because physicians in general do not know about it? Or do they know about it and forget to use it?"

## During Pregnancy

In the preparation for motherhood, be the patient a young primigravida or an experienced multigravida—slim and delicate or generously built—besides the routine tests among your urgent instructions will be

“Regular bowel movements daily.” That will prevent many a headache, feeling of lassitude, and perhaps hemorrhoids in the later months. You can prescribe AGAROL safely, because it exerts no effect upon the uterus nor does it interfere with lactation. Besides it is easily taken because it is palatable without artificial flavoring.

*AGAROL is the original mineral oil and agar-agar emulsion with phenolphthalein. It softens the intestinal contents and gently stimulates peristalsis.*

*A supply gladly sent for trial.*

## AGAROL for Constipation

WILLIAM R. WARNER & CO., Inc. 113 West 18th St., New York City

# The Patients Said:

## JOTTINGS FROM A CLINIC MANAGER'S NOTEBOOK

**I**T is hardly necessary to go through the formality of writing an introduction, or attaching a moral, to the remarks which are about to follow.

I believe they are sufficiently self-expressive.

In my capacity as the manager of a clinic, it sometimes becomes my obligation to listen to the remarks of patients concerning physicians they have known formerly, usually in some other community. While I always deliberately discourage the discussion of personalities, particularly nurses and physicians, it is not always possible to avoid listening to such remarks. Indeed, when the remarks tend to praise, I am glad to listen and to agree.

Such observations are interesting, to me, at least. I have enjoyed setting down at various times, as nearly as I could remember afterwards, the praises (and the reverse) that have been sung into my ear on the subject of physicians.

Here are a few of them:

"We moved to ——— about ten years ago. It was not long before we made the professional acquaintance of one of the local physicians, who, it turned out, was an elder and a pillar in our church. That pleased us. We rather felt the Church to be an extra, human bond between us and our doctor. But we soon found that we were mistaken. In church, our doctor (and his wife) would give us, year after year, the same frozen nod. There was

never any sign of more than impersonal recognition. In his office, he was professionally cordial—but there was never any reference to church work, to the pastor—never any recognition that we too attended services there. I mention this merely to ask: 'Is it necessary for physicians to be so cold-blooded?'

"I am superstitious about physicians. The first doctor called is the one I stick with (though there have been times when I have wished I had called in another man). Often I have to argue myself out of the thought of changing. The deciding factor is 'If anything happened, I would never excuse myself for changing.'

"And so I close the lid on personal dislikes"

"On a commercial trip, a while back, I was overtaken by hard luck a long distance from home. I required an immediate operation, and afterward lay in a hospital for two weeks. I didn't know a soul in town, personally. I suppose the attending physician did a fine piece of work, professionally, but at the time I was not so much interested in that part.

"The one thing I wanted was to talk to someone *personally*, and despite my efforts I could not break down the barrier of that doctor's personality. I could not even find a way to tender him my gratitude, or to shake his



## STERILIZED!

### A Wise Precaution to Protect Your Patients

So much interest is centered around the corrective value of psyllium seed in constipation that the market is now being flooded with a number of brands of psyllium that certainly would not merit the approval of discriminating users.

Where you want your patients to benefit from the action of the true psyllium seed, we suggest that it is always a wise precaution to specify carefully

### PSYLLA (plantago psyllium)

Psylla is not to be confused with the ordinary commercial product, because it has been carefully sifted, screened, freed from dirt, and as a final precaution, has been sterilized so as to render the seeds fit for internal use.

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Psylla — the *sterilized* seeds of plantago psyllium — helps to correct constipation and promote bowel regulation by providing bland bulk and lubrication.



hand, as I should have done with my old doctor back East. Why? Because in my awful loneliness he had not opened out—or given me an opportunity to open out. There was nothing to look forward to in his visits to the hospital—no stimulation. Just—the trace of a smile, a ‘good morning’, a long look at me, a professional question or two, and he was gone. The way he stalked in and stalked out, stiff as a poker, dignity personified, made me wonder whether it was all necessary.”

“There are a number of cancelled checks in my file made out to doctors at various times, for illnesses to members of my family. Perhaps it is only a personal preference on our part for the doctor who can make himself feel at home in the sick-room without having to put on the bearing of a Puritan father. Patients, so far as I have been able to observe, unconsciously appreciate casual remarks about a recent book, a story in the newspaper, a humorous anecdote, or even a little chat about some incident in his own family.

“I don’t mean that a physician who is intent upon getting through his round of visits should spend his valuable minutes in the sick-room passing the time of day, but it is my idea that the doctor who has taken pains to cultivate a personality which is tasteful to most patients, can be making his observation of the patient’s condition, taking temperature, and so forth at the same time maintaining an atmosphere of pleasant informality.

“His breezy, cordial, genuine manner, possibly his whimsicalities, can promote the interest, and possibly the laughter, in his patients. And layman or not, I will always claim that laughter is a tonic.”

“Children are not cowards under medical treatment, if handled

intelligently. That is my opinion. I haven’t forgotten the time when my boy Jack had measles.

“It seemed that two or three years before a slight infection on his hand had been treated by our family physician, treated in such a way that Jack still held him in dread.

“That was a past story, of course, but it led me to send for another physician in town, who, I had heard it mentioned at the club, had ‘a way with children’. The man soon came. After a few preliminary questions spoken quietly in the hall, the new doctor strode upstairs toward the sick room. When he came within hearing, but not in sight of the patient, he called out jovially, ‘Where’s that young fellow who’s staying in bed today?’

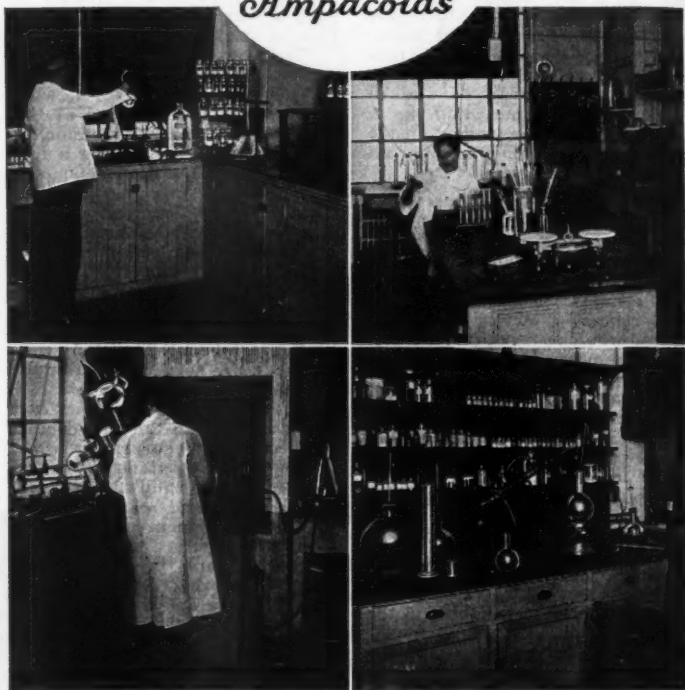
“Jack sat right up and called back, ‘Here I am!’ Thus they continued in a sort of impromptu game.

“It was apparent that Jack had taken a liking to the new doctor. That was not so surprising to us, looking on. He sat down on the bed, took the child’s pulse and temperature, and managed, as a by-play, to demonstrate the peculiar qualities of the watch he carried. There followed some jokes about the blotches on the patient’s face and arms and then some serious instructions about keeping the room dark, and why. The doctor told several anecdotes about other child patients he was then treating.

“As he left he said, ‘I have to go to the hospital every day and see a lot of sick folks, and I want you to do something for me. I want you to fill a scrapbook with pictures cut out of some of these magazines, and let me take it down to the children’s hospital.’

“I believe most physicians understand how far friendly interest and sympathetic understanding will go with children, but I believe too that there are a few who forget this, as their practice grows into a routine.”

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# Locum Tenens

## A PRACTITIONER RECORDS HIS IDLE-HOUR THOUGHTS

**E**XPERIENCE with locum tenens has presented both sides to me. My first experience was in having locum tenens service rendered me, in the small town in which for years I had been the only physician. Such service was rendered me on three occasions and two-thirds of it was satisfactory—that is, two men were excellent. One was anything but.

What is the basis of satisfactory locum tenens service? Is it not: Just do for the other man as you would like him to do for you under similar circumstances?

Some specific points must, however, be understood. What is the compensation to be?"—on the one side, while on the other side, it will be "What shall I pay?"

The fact that one is out for locum tenens presupposes that he has not established himself independently. That does not mean he is a failure in his profession. He may perchance have changed his location and until he knows just what he wants to do in the way of establishing himself, he may desire the temporary work of locum tenens. Again, it may mean one is not so dependent on income from locum tenens but desires to keep in the harness and would like the novelty of such work. Or he may be a part time man—one who is employed under salary part of the year as in public school medical work, and needs extra employment to fill in the school summer vacation.

So after all it is the one de-

siring to employ a locum tenens, who has the top hand and thus can bring the matter of compensation within a quite definite figure.

For the service that was rendered to me, the arrangement was on a basis of \$250 per month, plus expenses of the car so far as used in medical work. I paid all the office expense and allowed living quarters at my house, but the locum tenens agreed to pay his board.

When the tables turned and I was the seeker for the position the same figures were expressed by myself as being satisfactory, but the one who was considering my service said he was willing to pay \$10 per day, with quarters, and pay my car expense. Such arrangement was thus even more acceptable to me, and as fortune was with us in 1929—industries booming and people either employed or with some means—the result of my five weeks service was financially beyond all expectations, and in the final settlement my board was "thrown in" and we both made more out of the arrangement than either of us expected.

It is true that this first experience of mine was entered into with a feeling of both trying to give the service one should expect, but more than that there was a real feeling of adventure in it—a striving to see just how much "kick" I could get out of the work itself. True it meant attention to the work, calling for all the time on the job, but not



visualize my location. A house and office combined, a housekeeper left by the doctor to prepare my meals and take phone calls when I'm out. A town of around 2,000 people, no hospital, and a practice consequently limited to ordinary sickness, and confinements in the home, or possibly in a practical nursing home. Office practice includes treatment of a variety of minor cases and the usual medical cases.

Thus aside from when I am called out on work, and have to make any outside visits, I stay in the house or office. Therefore there will likely be with others as with me, time for thought, and idle thought leads one to become dissatisfied. Such time can be profitably spent in reading, either medical, or recreative, or in taking care of correspondence you have long neglected, and one can derive much satisfaction from writing either on some

medical subject or some phase of medical practice.

One does like to read what the other fellow has to say and there is no reason why you should not be "the other fellow". Thus happily occupied between cases one can keep on the job and be available when needed.

In the writer's particular case there is always a gladness when the period of work is completed, a feeling that comes from brushing up against the variety of pleasures and hardships of medical practice again. I am glad then to be back in the work of a public school physician—a routine perhaps but without the responsibilities and irritations that are part of medical practice.

Yet, paradoxically, my services in the school work can only be of most value by my having had the variety of experience that comes with a general practice.

## M. D.'s More Common on Payrolls

**A**BOUT 16 out of every 100 medical school graduates eventually take salaried positions on either a full-time or part-time basis, reports Walter J. Greenleaf, specialist in higher education in a leaflet on Medicine, one of a series of "Careers" being published by the Office of Education, U. S. Department of the Interior.

Reference is made to a study by Dr. Weiskotten, of Syracuse, who found that "from 15% to 17% of the 1915 and 1920 graduates of medical schools were holding salaried positions in 1926."

Opportunities for salary work occur in: universities (teaching and research), industrial organizations, railroads, schools (medical inspection), Army, Navy and Veterans' Bureau, medical groups, assistantships to other physicians, insurance examining, laboratories, sanatoriums and other institutions, foundations (research) and hospitals (preparing for public health service in Federal, State, or Municipal departments).

Salaries range as low as \$1500 per year, and few are higher than \$5000.

# When the Antiseptic fails . . .

**W**HEN an antiseptic is prescribed for a patient, bought at the corner drug store and then fails to perform satisfactorily, the reflection falls on the physician who prescribed it and not on the corner druggist who supplied it.

That's just one of the many important reasons why you should use and prescribe Iodine! As innumerable case histories prove, Iodine has demonstrated great penetrative ability and high germicidal potency—these are the very reasons why Iodine has held and continues to hold a leading place in the antiseptic field.

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# Office Wage

By A FORMER SECRETARY

**A**N advertisement in the Help Wanted column of a metropolitan daily of recent date read like this: *Doctor's assistant with secretarial experience and knowledge of chemistry. \$65.*

It proved to be \$65 a month. Many girls answered that advertisement, for there are many girls with those qualifications who would accept even less than \$65 a month right now.

It is my hazard, however, that a time will come when, after a hard day, the urines which require a knowledge of chemistry will stand on the laboratory shelf until, with a shrug which means: "If he wants me to work myself to death, why doesn't he make it worth my while?"—they are poured unresistingly down the sink. It is human nature and American education. If it happens also to be that pregnancy which develops uremia, is the saving worth while?

There is a school which claims that the economic difficulties of the present day are due to an unnecessarily, even a harmfully, high standard of living. What real worth is a college education to nine-tenths of those to whom it is given, not worth in the material sense alone, but even in the cultural?

What, in a final analysis, do silk stockings add to modern existence? Are automobiles and the costly pavements which they have caused to be flung from coast to coast a real instrument of happiness when the mounting toll that accidents take is considered? Is the radio an educational means?

Doctors are apparently of this school. The proof lies in the fact that they pay salaries to their office assistants which are not sufficient to maintain the life which includes education, silk hose, automobiles and radios. The beliefs of this school are inconsistent with the practice of medicine, and payment of small salaries by doctors to their office girls is, furthermore, poor business.

The human creature aspires. It is a fundamental part of his being, a trait which he shares with all natural life, but, on account of the possession of intellect, possesses in a higher degree than does the beetle who tries to turn from his back. All human progress is based on human aspiration.

Doctors believe in progress and the right of man to use his powers or they would not be in the practice of medicine, which aims to fit men to cope with their problems, and labors always to better their environment. They should therefore sympathize with the ambitions of the girls they employ, ambitions to help the family to better things, and to live and look as well as possible. We who work feel this duty and this right. We cannot ask an already over-burdened father or a just-getting-started brother to provide us with things which the economic order of the day makes it possible for us to win for ourselves.

Democracy has come in for a great deal of criticism of late. We are, however, the victims of many years of education to the effect that all men are born free



## THE NATURAL SOURCE OF "A" AND "D"

As more and more work is being done on the vitamins, investigators are forced to the conclusion that there is no substitute for cod liver oil as a convenient source of "A" and "D". Thus Barnes, Brady and James\* report that "cod liver oil in a dosage of 1400 rat units of vitamin D per day was a much more satisfactory antirachitic agent than was the irradiated ergosterol in the approximately equivalent rat unit dosage".

And Hess, Weinstock and Rivkin\*\* found that "six teaspoonfuls of cod liver oil brought about cure (of infantile rickets) where 20 drops of irradiated ergosterol (supposed to be the equivalent of 10 teaspoonfuls of cod liver oil) failed to afford complete protection".

Cod liver oil is not only more satisfactory as a source of vitamin D, but it also supplies "A", the vitamin which steps up resistance and promotes growth.

Patch's cod liver oil offers a double advantage—note the guaranty of potency below, and test for yourself the unusual palatability.

\*Barnes, D. J., Brady, M. J., and James, E. M.: American Jour. Diseases of Children, Vol. 39, No. 1—Jan. 1930, page 58.—

\*\*Hess, A. F., Weinstock, M., and Rivkin, N.: Proc. Soc. Exper. Biol. & Med. 27:665, April, 1930.

### Guaranty of Potency



**1000 A Units  
per gram of oil  
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per gram of oil**

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Gentlemen: Please send me a sample of Patch's Flavored Cod Liver Oil and literature.

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and equal. Deny us the chance to rise and we will, because of the philosophy worked out from this education, be resentful.

The doctor who is paying a small salary and getting more than his money's worth is losing an invaluable aid. If he pays a small salary and has help that is worth more, he is neither being honest nor ethical. The profession stands for higher things than this.

A girl need not be highly educated to be a good doctor's assistant, but she must be capable of being educated. She must not only realize the necessity of cleanliness, but have sufficient intelligence to appreciate the principles of asepsis; she must be able not only to add correctly, but to discriminate between those patients who must be forced to pay promptly if any payment is to be received, and those who, good pay if left to their own devices, will be insulted if pressure is brought to bear.

She must not only be neat and able to arrange instruments and accessories so that they will be pleasing to the eye, but must be capable to visualizing the most

convenient placement for hurrying hands; she should have sympathy and intuition to see what are the days to bronch the income tax report, and when to send the assistant or the occasionally called in outsider to the outskirts of town.

Reward your assistant with good pay and her efforts will be redoubled. Give her an extra five dollars or unexpected time off when work has been heavy and she has exerted extra effort—and know the joy of creating a heaven on earth for someone else.

Not because of the material reward, but because praise is so dear to the human heart.

Raise her salary and behold a slave. Appreciation and consideration will instill in your assistant a respect and admiration that mean contented, willing assistance that is worth many times what it costs you in effort and money.

Many doctors are served with a devotion and skill that not only makes the days go more easily, but is actually money in the bank. With a slight change of viewpoint, all doctors can have this service.

## Prescriptions Slump-proof

**P**RESCRIPTIONS suffered less than any other branch of drug store trade during 1930, the Committee of Pharmaceutical Economics of the New York State Pharmaceutical Association found out in a recent survey of the effect of the business depression on drug stores.

Patent medicines were next least affected. Some pharmacists express the opinion that "in times when money is scarce, many people resort to patent medicines instead of consulting doctors".

Prescriptions are said to have averaged 18.50% of the total volume of sales in 519 drug stores in New York State during 1930.

# ***The VALUE of Castor Oil*** **ADMITTED —**

***Consider the Quality you Recommend***

Castor Oil, because of its viscosity has never been considered a delicacy by epicures. However, its enormous and long-continued use confirms its value as a therapeutic agent.

KELLOGG'S TASTELESS CASTOR OIL, America's *only* refinery bottled and sealed castor oil, meets every test of unexcelled purity, is full-strength, yet *free from castor taste or odor* and devoid of after-nausea.

Good sportsmanship, if for no other reason, suggests the use of Kellogg's Tasteless over inferior quality, "unknown" long profit brands. The fact that Kellogg's is refinery bottled insures its PURITY and FRESHNESS and will dispel the age-old belief that ALL castor oil is nauseating.

When castor oil is indicated, tell your patients to ask for "Kellogg's Tasteless in *original refinery sealed bottles*" at their favorite drug store. Kellogg's Tasteless can never be purchased in any other form.

May we send you a convincing trial bottle? We will gladly mail it if you will drop a line to

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**121 VARICK STREET**  
**NEW YORK, N. Y.**

# Ethics of the Heart

## JAPANESE "BUSHIDO" IS A CODE MINUS WORDS

By J. Christopher O'Day, M. D.

IN observing the behavior of the members of the Japanese medical profession, it is, to an American at least, of curious interest to discover that their code is not a written one.

If professional jealousies have ever disturbed the peace of mind that a Japanese physician insists must, by the very nature of his professional obligation, be his, in so far as I have been able to observe, he never betrays it.

Discussing this with a number of my Japanese confreres, I have always been given the same conclusion.

"Why," they will ask, "should one indulge in a conduct that could be turned into a weapon against himself?"

Among ourselves, we, the physicians of America, must admit that there is not a single one of us who has not felt, at some time or another, like joining in those envies and jealousies that are habitual within our professional life. Not till I had become privileged to compare the unwritten code of my Japanese confreres with that of our own was I made to realize how deplorably unnecessary such envies and jealousies really are.

But when I sought to discuss these two diametrically opposed behaviors, I found myself confronting a silence that was not hard of understanding. A Japanese physician will not permit

himself to become opinionated relative to the conduct of any physician.

My questions gave me a feeling of shame. I had made an unwitting mistake. To no end or purpose I had betrayed our common weakness. Yet I felt there was some measure of atonement in my being a member of the surgical staff of the Japanese Hospital in Honolulu, and that it was among my Japanese confreres that I had learned of, and sensed a fraternity that was so real as to awaken the fullest course of my envying proclivities.

Not one of us can ponder over this without being inevitably lead to speculate on all that may be inferred from the meaning of Background. Not till we have done this are we enabled to understand their beautiful code, or to be able to justify our own. From their earliest history, a homogeneous race; from ours, an ever changing heterogeneous conflict.

Indeed, with a background made up of various echoes and shadows, echoes and shadows of many of the world's homogeneous nations, is it any wonder that the very air we breathe is charged with conflicting opinions?

Should we feign surprise at the unescapable bigotries, intolerances, envies and jealousies that must go to perfect such a background? [TURN THE PAGE]

# Notice --

## Reduction of Price of

Trade **PYRIDIDIUM** Mark

Phenylazo-alpha-alpha-diamino-pyridine mono-hydrochloride

(Manufactured by the Pyridium Corporation of N. Y.)

In order to make the advantages of Pyridium treatment available to all classes of patients we have reduced the price nearly half.

Pyridium is a definite chemical and is the only azo dye compound offered as a urinary antiseptic that is "Council accepted"

Carefully scrutinize the chemical formula and the claims made for other products offered as substitutes for Pyridium.

To secure Pyridium results it is important that Pyridium itself be used and not some other preparation.

**MERCK & CO. INC.**

MANUFACTURING CHEMISTS

RAHWAY, N. J.

Into this background I trace the present day plight of our unhappy profession. Into this background I trace the reason why our *written* code of ethics has so miserably failed to function. Into this background I trace the reason for so much pretence masquerading as art and science.

Returning again to the fraternal spirit of the Japanese medical profession, and the traditional "Bushido" governing it, a very striking contrast is again beheld in the fact that here is a profession so proud of itself as a whole as to brook no levels of distinctions. Nor can distinctions, with grace, be sought. The glory of achievement is reflected from the whole, while the reward, without envy, is bestowed in the realization that a beloved profession has, through one of its members, scored a scientific victory.

A label assuming to designate superiority of skill is looked upon with demurring uncertainty, for the precepts of *Bushido* place honor within the heart, where it is ever to remain guarded by its possessor.

Publicity has no favor, for to

indulge it betrays poor taste. It is all very well for the Circus Man, for he is a come-and-go-by-night institution, but the members of a profession are a fixed and regular part of community life. Should one attempt it, he would immediately be regarded as erratic, or, more likely, one who for some unknown reason was contemplating a Circus Man's mode.

Nothing in this that differs from our own idea of publicity. There is, nevertheless, this difference—through cunning we get around it. There is, after all, something in our nature which glorifies publicity. In the vernacular, we love it. That is why so many of us are tempted to accept a publicity that cannot, in justice, be censured as unethical.

God help us in our common weakness. If God fails us, we might turn to Buddha, but if we are to represent a profession worthy the name, we will have to experience a metamorphosis into a homogeneous profession. Only then may we be like The Three Musketeers, all for one and one for all!

## Flag waves o'er highway battlefield

**B**EING called from an office full of patients to patch up an accident victim at the cross-roads may happen with less frequency, as the plans of the American Red Cross get under way. This organization is establishing first-aid stations at dangerous intersections and along main highways. The posts are established at gas stations, cross-road stores, suburban state police stations, and volunteer fire departments, and are in charge of someone in the vicinity who is instructed in first-aid treatment.

The Red Cross states that 32,500 people died in 1930 as a result of automobile accidents. The Red Cross expects to reduce fatalities by giving first-aid promptly.

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Time-Tested  
for 20 Years

Manufactured especially for  
physicians' prescriptions and  
for dispensing purposes.



## TAUROCOL (TOROCOL) TABLETS

BILE SALTS with cascara sagrada and phenolphthalein—directly stimulates the liver cells, producing an increased flow of bile rich in cholates.

Where there is much digestive disturbance, prescribe COMPOUND TAUROCOL TABLETS (containing pepsin, pancreatin and nux vomica.)

**VERA  
PERLES**  
of Sandalwood  
Compound — for  
Inflammation of  
mucous mem-  
branes, particu-  
larly of the urinary  
tract — another  
Plessner product.

Send coupon today  
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MICHIGAN

**THE PAUL PLESSNER CO., Dept. M. E.**  
3538 Brooklyn Ave., Detroit, Mich.

Yes, please send samples.

..... M. D.

# Deadbeat Trap

## CLEVELAND'S SMALL-CLAIMS COURT A BOON TO DOCTORS

By Myron B. McCammon

**O**NE of the old standbys of the deadbeat is his knowledge that a physician is ordinarily loath to go to the trouble and expense of hiring a lawyer to prosecute the claim.

He knows that there is small likelihood that he will be sued, unless he runs up a large bill. Consequently, nearly all physicians have on their books a multitude of small accounts, of not more than \$3 to \$25 each, upon which suit will never be entered. Taken in the aggregate, these small accounts represent an astounding sum.

If there is a Small Claims Court in your city, by all means use it as a means of reducing the bulk of these minor accounts. If your city happens to have such a helpful arm of the law as the Conciliation Branch of the Municipal Court of Cleveland, consider yourself very fortunate indeed.

By a rule adopted by the justices sitting in the Municipal Court of Cleveland, the Chief Justice designates a deputy clerk of that court, whose duty it becomes to advise and assist parties in preparing and filing statements of claims and defense in causes involving a small amount of money.

This deputy clerk is not permitted to appear for such parties in court, or to act as their

attorney. In actual operation the Conciliation Court has required the assistance of six other deputy clerks.

A rule limits the action coming within its province to those involving not more than \$50, unless the claimant is indigent and has a claim which the clerk considers meritorious, in which case claims up to \$100 may be handled.

A person, let us say, has a claim of \$50 which he takes to the Conciliation Branch of the court, and tells his story to one of the deputy clerks. If the clerk decides that the claim is valid, he writes a letter to the person against whom the claim is made, asking him to come in and discuss the matter.

Every reasonable effort is made to conciliate the parties—hence the name Conciliation Court. Failing this, if the claimant requests it, the case is entered in the Conciliation Docket, and in a week or so comes to a hearing before a regular judge in the municipal courts, assigned to hear conciliation cases.

The parties appear and court is held informally. They are invited by the judge to come to the bench and tell their stories without the formality of the usual question-and-answer procedure. Judgment is nearly always rendered immediately. After judgment, the prevailing party must proceed without any

# MAZON FOR ECZEMA

*successfully employed in permanently  
eliminating this stubborn case of Psoriasis*



Age 19—Duration  $2\frac{1}{2}$  years  
Photographed 3/17/31



Complete elimination—2 months  
Photographed 5/16/31

*these authentic photographs reflect true scientific research*

Years of research and experiments on actual skin conditions were necessary to perfect Mazon.

Members of the Medical Staff of the Presbyterian Hospital in Philadelphia collaborated with the originator of Mazon in conducting these experiments.

Every factor to perfect a distinctive therapeutic agent for the permanent elimination of skin lesions was considered.

Mazon modernizes dermal therapy. Physicians, through personal clinical tests, have substantiated our claims in behalf of Mazon and are prescribing Mazon and Mazon Soap with gratifying results.

The result of the experiment is the present formula of Mazon with these distinctive characteristics:

**COMPLETE RAPID ABSORPTION  
IMMEDIATE PRURITIC RELIEF  
EASE OF APPLICATION  
NO BANDAGING  
POSITIVE RESULTS**

Mazon Soap, a perfectly balanced and absolutely pure soap, properly prepares the skin for the absorption of Mazon.

*Samples and literature on request.*

## INDICATIONS:

**PSORIASIS  
ALOPECIA  
RING WORM  
ACNE  
DANDRUFF  
ATHLETIC FOOT  
AND OTHER SKIN  
DISORDERS**

**BELMONT LABORATORIES, Inc.,**  
4430 Chestnut St., Philadelphia, Pa. **M.E. 7**  
Gentlemen: Please send me trial supply of Mazon  
and Mazon Soap.

Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Dispensed in  
1—2—4 oz. sizes

On Sale at  
Dependable Pharmacies

Distributed by  
Wholesale Druggists



further aid from the deputy clerk—that is, if he wants to collect a judgment he must take the necessary steps himself or have an attorney do it for him.

In establishing the Conciliation Court the intent was to save expense to the litigant. For this reason the appearance of attorneys is discouraged, but is not of course forbidden. It is perfectly proper for one to appear by his agent, and in the case of a physician, it would be agreeable for the doctor's secretary or attorney, or other representative, to use the Conciliation Court for enforcing the payment of the doctor's accounts.

During 1929, the deputy clerks of the Conciliation Court received and considered 20,932 complaints, involving \$467,606.58. Of this number, 10,882 cases, involving \$144,531.31 were adjusted, and the sum of \$136,995.67 was received on these adjustments.

10,050 cases were docketed. Many of these were, of course, settled before they went to trial.

It is known that many physicians in Cleveland do use the Conciliation Courts regularly in the collection of their accounts receivable. In fact, about 60% of the people who are using this branch are individuals—including business and professional men. The other 40% is made up of firms and corporations.

Litigants at the Conciliation Court receive a circular reading in part like this:

\$50.00 is the LIMIT of claims handled by this office, unless complainant is an INDIGENT, and has a meritorious claim, in which case the Clerk may accept claims up to \$100.00.

This office will not handle more than two claims for any one creditor within twenty-four hours.

All persons who register complaints in this office must agree to accept and abide by the adjustment or settlement effected by our conciliatory methods, and to pay the court costs incurred if it is necessary to place claim upon Court Docket.

Always, if possible, be certain of correct FIRST NAME, LAST NAME,

and HOME ADDRESS if your debtor is an INDIVIDUAL; if a partnership or corporation, their or its Correct Name and Business Address.

No affidavit for attachment or garnishment will be filed before judgment, except when, after conciliation procedure has failed, the Clerk is satisfied that the ends of justice require attachment or garnishment. And except in cases of meritorious claims by INDIGENT PERSONS, when the Clerk is satisfied that failure to attach or garnish will be fatal to the rights of the complainant.

This office will not make out the legal papers in Proceedings in Aid of Execution to attach or garnish after judgment has been received by you, BUT MAY ASSIST INDIGENT PLAINTIFFS in whose favor a judgment has been rendered.

The Court reserves the right to allow judgments to be paid by judgment debtors in partial amounts at regular stated intervals.

Up to the time of entering your complaint upon the Court Docket, WE DO ALL THE WORK FOR YOU FREE OF CHARGE.

Before you leave the trial room, find out whether you have received a judgment, and, if so, the AMOUNT. THE NEXT STEP IS TO COLLECT SAME.

AN AUTOMOBILE USED FOR PLEASURE is not EXEMPT under the law, and, therefore, if your judgment debtor owns such, be reasonably certain that the title to the automobile is in his name, ascertain its license number, its make, and WHERE IT CAN BE LOCATED, and bring to this office \$10.00 as a deposit (required by the Bailiff) to insure levy upon and sale of said automobile to pay your judgment.

If you effect a settlement direct, after you have placed the claim upon the Court Docket, be sure to collect the Court Costs (\$1.40), as you personally are liable to the Court for same.

A deposit of \$2.25 is REQUIRED for the bringing of Proceedings in Aid of Execution, which is returned to you if the Garnishee whom you name has money belonging to your debtor.

A judgment of the Conciliation Court attaches as a lien (like a mortgage) to all lands and tenements owned by your debtor within the County of Cuyahoga from date of judgment.

When beset by worries as to your legal civil rights, or DESIRE INFORMATION ON ANY SUBJECT, do not consult unqualified agencies and get the "run-a-round," or LOST NOTION. Come at once to Conciliation Office, 312 City Hall, where you will receive prompt, courteous and efficient service—YOU WILL EVENTUALLY LAND HERE.

# FOOT LESIONS

*Often a properly suspected cause of maladjustments of the muscular and nervous system in other parts of the body.*

*Ethical aid in diagnosis available to the physician.*

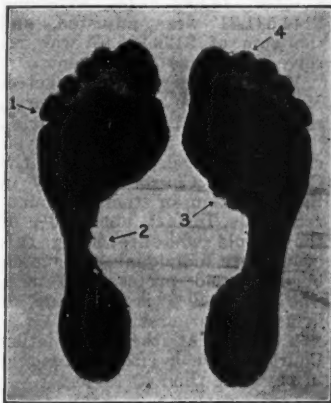
The experienced physician knows that cases of apparent neuritis or rheumatism sometimes have their origin in foot lesions of more or less serious nature, which cause painful reactions in leg, hip, thigh or lumbar region.

As a first step in the therapy of this condition, the physician will find a Pedo-graph print diagnosis a valuable and ethical aid.

A Pedo-graph print is made through the stockinged feet, without embarrassment to the patient. It reveals accurately the extent of deformity or arch weakness and facilitates the prescription of exact measures of relief.

When the use of Dr. Scholl's Arch Supports are indicated to relieve ligamentous or muscular strain, these can then be *molded* to the patient's particular arch condition, and adjusted as the condition improves, until complete correction is made.

Your ethical interests will be protected and due credit for the treatment shared with you if you will have patients present your own professional card at any local shoe or department store featuring Dr. Scholl Foot Comfort Service. May we send you a copy of "Foot Weaknesses, Their Symptoms and Correction" for your office? Use the coupon below for convenience.



\* Pedo-graph showing (1) Contraction small toe (2 and 3) Early Weak Foot (4) Mild Hammer Toe

THE SCHOLL MFG. CO., Inc., 213 W. Schiller St., Chicago. M.E. 14  
62 West 14th Street, New York City.

Please send me your literature on the Feet and name and address of nearest Service Dealer.

Name ..... M. D.

Address ..... City ..... State .....

# Agreed on the Side

## DON'T BE MISLED BY THESE VERBAL MISUNDERSTANDINGS

By Ross Dudley

**T**HE secretary of a medical society and an advertising man were discussing a proposed advertising campaign, which, it was expected, the society would finance for the ensuing year.

The proposition sounded satisfactory to the physician but he thought that to obligate his association for one year's advertising, the results of which were uncertain (and the funds only partly collected) was not the part of wisdom.

"Suppose this doesn't work out the way we expect it to," he told the agent. "If we decide to discontinue, can I cancel the contract at any time by paying the amount then due?"

"Surely," promised the agent.

The physician then signed an order substantially as follows:

"To The Blank Publishing Company:

Please insert our advertisement in the Blank News for twelve months, to occupy one-eighth page for which we agree to pay you or order the sum of \$250, payable quarterly."

After the advertisements had been published for a period of six months, pessimists in the society lost patience and voiced protests against continuing. Finally, under pressure, the secretary sent the concern a check for the amount then due and requested that no further advertisements be published.

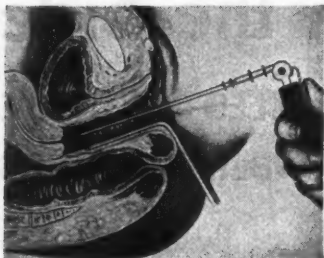
However, the advertising company continued to publish the advertisements to the end of the year and sued to recover the balance.

Was the society liable for the balance of \$125?

The case turns upon this point: which governs, the oral agreement between the physician and the salesman that the society might cancel the contract at any time, or the written agreement that it should run for twelve months?

In a ruling on this identical point, the Michigan Supreme Court held that the written instrument controlled and that the defendant could not introduce oral evidence to contradict the written contract and show that it could be cancelled at any time.

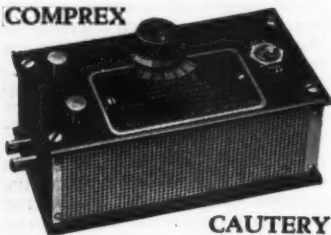
The ruling read, in part: "Where parties have deliberately put their engagements into writing, in such terms as impart a legal obligation, without any uncertainty as to the object or extent of their engagement, it is conclusively presumed that the whole engagement of the parties and the extent and manner of their undertaking, was reduced to writing; and all oral testimony of a previous colloquium between the parties or of conversations or declarations at the time it was completed, or afterwards, as would tend in many instances to substitute a new and entirely different contract for the one



## CERVICITIS ENDOCERVITIS

now considered routine office procedures by many hundreds of practicing physicians, through the simple, painless and efficient method made possible by the

### COMPREX



### CAUTERY

Sold complete with electrodes at only \$28.50, and offers many advantages which cannot be obtained in more expensive instruments. Yet the quality is adequate for a lifetime of service. See your dealer, or write us for full information.

## COMPREX OSCILLATOR CORPORATION

450 Whitlock Ave., New York City

agreed upon, or to the prejudice possibly of one of the parties, is rejected.

"In other words, as the rule is more briefly stated, oral contemporaneous evidence is inadmissible to contradict or vary the terms of a valid written instrument."

Consequently the society would be obligated to pay the \$125, court costs and its own attorney.

There is a very simple moral to this story that every physician should follow when entering into a written contract:

*Put ALL the terms of your contract in writing. Do not have oral "side agreements;" generally you cannot hold the other party to them.*

And along with this suggestion goes its companion: Express your contract in terms that are plain, and not ambiguous.

For example: A written contract, similar to the one in the foregoing case, provided that while the advertising service should continue for one year that it might be cancelled "at short term rates."

What was meant by "short term rates?"

The advertising company claimed that the phrase "short term rates" meant that the contract could be cancelled at the end of three months by the physician paying *one-half* of the amount of the contract.

The physician claimed that it meant that the contract could be cancelled at the end of three months by paying *one-fourth* of the amount of the contract.

Where a phrase in a contract is so ambiguous and uncertain that it is impossible to tell the face of the instrument what is meant, oral evidence is of course admissible to explain it. And each party of course explains it to his best interests and advantage.

There being no witnesses to the signing of the contract ex-

cept the two parties themselves, it never was determined just what the parties had decided on at the time of making the contract as to the meaning of "short term rates," although the case was fought through the city and superior courts. The case was finally compromised after both parties had spent as much in litigation as there was involved in the case.

If the contract, instead of saying "subject to cancellation at short term rates," had said "subject to cancellation at expiration of three months upon payment of one-half amount of contract," or one-fourth, as the case might have been, the matter would never have gone into court as the contract would have been clear and definite. One-sided cases are usually settled out of court.

"**H**OW would you like to give me a hundred dollars worth of medical service and call this bill square?" asked the collector of the B. Service Company, of Dr. Blank.

"Sure thing," replied Dr. Blank. "What do you want done?"

The collector explained about an operation he needed, and a few days later the doctor performed it. The collector marked Dr. Blank's indebtedness to the B. Company "paid in full."

Two months later the physician received a letter from the B. Company demanding the balance of \$100. When he refused to pay it, the Company started suit.

Dr. Blank claimed that he had the receipt marked "paid in full" signed by the authorized collector of the B. Company and it didn't make any difference whether he paid the bill in money, merchandise or services; that he had given value for the bill in any case.

The B. Company claimed that the collector had authority only

From world-  
renowned  
Carlsbad we import



## NATURAL CARLSBAD SPRUDEL SALT

Through the use of NATURAL CARLSBAD SPRUDEL SALT, coupled with judicious regulation of the diet, many American physicians have been able to effect marked improvement in stomach and intestinal disorders.

The hot mineral springs at Carlsbad, Czechoslovakia, are the source of NATURAL CARLSBAD SPRUDEL SALT. Indications include catarrhal hypersecretion of the stomach, dyspepsia, habitual constipation, mucous intestinal catarrh, gall stones, diabetes, pyelitis, cystitis, etc.

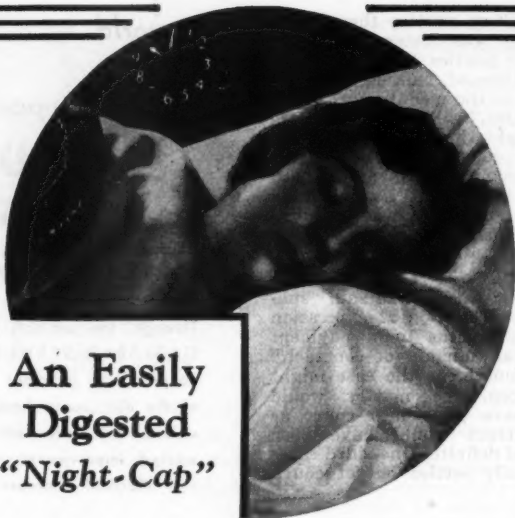
Literature which is authoritative and interesting, and a trial supply of the Salt will be sent to interested physicians.

**CARLSBAD PRODUCTS CO., Inc.**  
1071 Sixth Avenue, New York, N. Y.

Please send literature, and a trial supply of Natural Carlsbad Sprudel Salt.

Dr. ....

Address .....



## An Easily Digested "Night-Cap"

Many people find they can't sleep on an empty stomach.

Rather than resort to difficult-to-digest or stimulating refreshments, why not suggest a drink of warm Ovaltine as a palatable, sedative, bed-time snack.

This Swiss food-drink is not only easily digested itself, but it actually aids in the digestion of other foods. It provides "food in

a drink", for it is rich in vitamins and mineral elements.

For the rundown, underweight patient and for those who suffer from nervous insomnia, Ovaltine provides a valuable aid to nutrition, and to restful, healthful sleep.

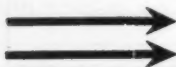
The coupon will bring you a full size can of Ovaltine for trial in your own practice.

## OVALTINE

*The Swiss Food-Drink*

*Manufactured under License in U.S.A.  
according to original Swiss Formula.*

**Just  
fill in  
and Mail  
Coupon**



THE WANDER COMPANY, Dept. M.E. 10  
180 No. Michigan Avenue, Chicago, Illinois.

Please send me a regular size package of Ovaltine,  
FREE.

Dr. \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

to receive payment in money, and as the Company did not authorize payment in medical services to its collector and knew nothing about the arrangement, it was not bound by the collector's agreement.

Is Dr. Blank liable for the \$100?

In 104 Atlantic 132, the New Jersey Court of Errors and Appeals said: "The trial court quite correctly stated the rule to be that when one appoints an agent to collect money, the agent cannot take merchandise or personal property in payment, but must accept money only."

That is the rule generally followed by the American courts. Consequently, Dr. Blank had to pay the bill again and when he started to look for the collector, he found that said agent had left the state.

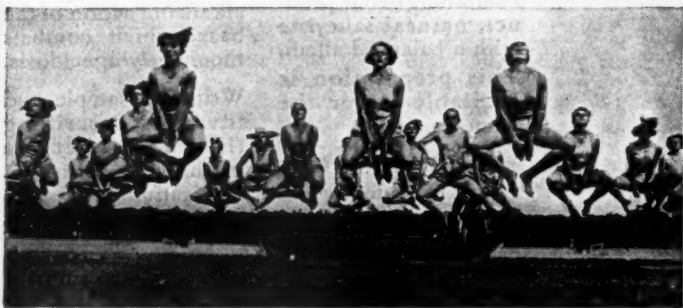
Dishonest agents, like dishonest persons generally, cause many losses. However, there are a

few general rules, which if remembered and applied, would materially lessen losses and litigation from this source.

1. When dealing with agents of other companies, remember: That the employer or principal is liable only upon contracts made by the agent on his behalf if the employer has conferred authority upon the employee to make such a contract, or if he has held the agent out to the public as having power to make such contracts on behalf of the employer, or if he ratifies the contract made by agents in excess of his authority.

2. In regard to your own agents: Definitely instruct employees as to what they must not do and enforce your instructions; otherwise your course of dealing through your agent may be such as to hold you liable on a very disadvantageous contract that you would never have made yourself.

## Can't keep those feet on the ground



No, a mouse didn't cause this—nor even a snake. This is a women's gymnasium class in Hanover, Germany, and the members are practicing the frog jump. They all landed safely shortly after this photograph was snapped.



# I

## *ncreasing the effectiveness of the*

# SALICYLATES . . .

**T**HE MODERN trend in salicylate medication favors the concomitant use of alkalis, to neutralize the acid toxins of the bacteria of rheumatism, and to lessen the cardiac dilation associated with rheumatic disorders.

The Wm. S. Merrell Company—pioneers in salicylate medication—have carried the principle into practice by combining in one product, natural salicylate with a balanced alkali.

This preparation is available under the name

### **ALYCIN**

Alycin provides the full

effect of the natural salt prepared from the natural source—birch oil—and at the same time provides a more effective and safer method of alkalization than is possible from the use of single alkalis.

In colds, influenza, neuralgias, etc., the analgesic effect of Merrell's Natural Sodium Salicylate is enhanced by the alkalizing action of the base, which combats the underlying acidosis.

Write for sample and literature describing this more effective method of salicylate medication.

**THE WM. S. MERRELL COMPANY**  
Cincinnati, Ohio  
Dept. ME-10

Send me a sample of ALYCIN and full literature.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

**The Wm. S. Merrell  
Company**

**CINCINNATI, U. S. A.**



# The Doctor and his Investments

By MERRYLE STANLEY RUKEYSER

**AN EAR TO WALL STREET** With the statistical indicators showing less than normal seasonal improvement, the urgency of a definite program for lifting business from the dead center of continuing depression becomes increasingly apparent.

It is important under the stress of emotionalism and distress that leadership make a strong effort to distinguish between sound and unsound remedial measures.

And yet the need of discrimination should be no barrier to constructive action. Though a moratorium on inter-governmental debts may have been necessary, let's have no moratorium on business leadership, on constructive economic thinking, and on courageous action. Management in the large is challenged by the fact that the vast economic machine is out of mesh, and the remedy lies in thoroughgoing readjustment, not in mere charitable makeshifts and doles. Deflation has gone as far as is socially necessary and desirable. Any further general liquidation involves a hazardous journey into uncharted regions, and would entail pauperizing a large portion of the working population.

The subjoined points for restoring economic balance deserve consideration:

1. A vast Federal Prosperity Loan, to be authorized by Con-

gress in special session to finance the building of essential public works, including roads, development of power sites, flood control, reforestation, elimination of grade crossings through financial advances, modernization of public buildings, etc.

2. Cooperation by private business in the direction of promptly carrying into effect an accumulation of desirable capital improvements.

3. A deliberate central banking policy of prudent credit easement, and greater liberality on the part of commercial bankers in accommodating solvent borrowers.

4. Revise downward the Hawley Smoot Tariff, and reestablish the principle of reciprocity.

5. Long term financing to backward countries so that they will be enabled to buy our surplus supplies.

6. Setting up machinery for industrial planning and economic coordination, for the purpose of better balancing production, distribution, and consumption of all goods.

7. Modernization of anti-trust laws to encourage rationalization in industry.

8. Reduce the pressure of taxation through temporary suspension of sinking fund payments on national debt until business reaches normal.

9. Encouragement of invention to enable alert business executives to offer a better product for



## Coating Tablets

(Fourth of a series of advertisements on the making of tablets.)

**E**LEGANCE in medicines is a real desire of patients though the desire may not be expressed. In the tablet—especially the sugar or chocolate coated tablet—elegance reaches its height.

In Breon Tablets the "sugar coating" of disagreeable tasting medicines, like other processes of tablet making, has been greatly improved recently.

Dispensing physicians will be interested in these tablets which are described in the Breon Reference Book, sent on request.

### GEORGE A. BREON & CO.

Pioneer makers of sterile solutions

Kansas City, Mo.

NEW YORK  
319 W. 50th St.

ATLANTA  
409 Rhodes Bldg.

LOS ANGELES  
2050 N. New Hampshire

SEATTLE, 6035 Eighth Avenue, N. E.

less money. Devices that will enable buyers to economize are especially salable, and consumers with purchasing power will be induced to buy through offers of outstanding bargains, rather than through meaningless and futile "buy now" slogans.

10. Adjust the reparations question now rather than to continue the period of doubt and uncertainty until the year of moratorium is over.

11. Although not a fundamental factor in the depression, the ban on beer and wines contributes to the lack of equilibrium in the agricultural situation, and some modification of the law would help to reduce unwieldy surpluses, especially those of cereals.

With the economic situation clouded, the financial markets have reflected uncertainty. Domestic business is probably at or near bottom, and might well have been on its way toward recovery, if it had not been for the upset to confidence resulting from the series of European economic crises.

There are numerous bargains in the bond market, as a result of the flight of capital from second grade issues into bonds of the highest grade, which are relatively overvalued.

## When to buy Securities

**P**RELUDES to Security Buying: Insurance, Bank Deposits, budgeting, professional and business outlays—

Before the doctor can invest, he must have a surplus.

That happy situation springs from living consciously or otherwise on a budget, which makes sure that the outgo is less than the income.

In times of depression, the dollar saved has greater investment purchasing power than at other periods, but, by the same token, saving becomes difficult.

Patients economize in making visits, and in some instances become delinquent in making payments.

Thus though income may be somewhat curtailed, overhead goes on.

Part of the purpose of a well conceived investment scheme is to enable the professional man to tide himself over lean periods. If securities must be sold for this purpose, it is well to have some high grade long term or short term issues, which almost alone have defied the general tendency of values to shrink.

Before the practitioner is ready for the vagaries of buying stocks and bonds, he must take

---

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important preliminary steps.

First of all, he must protect himself and his dependents from the unpredictable hazards of accident, sickness and premature death through adequate life insurance and non-cancellable accident and health insurance. Recognizing the pressure against the income of the average man, various companies have introduced new types of hard times insurance, in which the premium for the first few years has been reduced. One company calls its new policy an Economic Adjustment Policy.

The well managed life insurance companies, like the great mutual savings banks, have stood up like the Rock of Gibraltar in the face of the economic storm. Though the privately invested assets of the average man have shrunk enormously in the last two years, insurance and savings bank accounts have remained at par, and have in reality increased in purchasing power.

Those who erred in putting too large a share of their assets in speculative issues can protect their estates against their death before the next bull market by taking out so-called shrinkage insurance, which consists of a term insurance policy on which the premium rate is extremely low. Term insurance has protective value only, but no investment value. It is no substitute for ordinary life insurance, but in times of financial stress consti-

tutes a valuable supplement to ordinary life.

Then too, in times of stress, the professional man should keep, if anything, larger than usual cash deposits in his commercial bank to be ready for any lapses in his current income. In order to obviate any banking risk, the professional man should select the strongest bank in his community, and, if there is no bank of unquestioned solidity, he should put his deposit in the strongest bank of a nearby city. In spite of the wholesale closing of banks since the panic, there have been no failures among outstanding institutions, which are known by the well informed to be well managed.

After these preliminaries have been taken care of, the professional man is in position to buy securities. It should be borne in mind that the basis for life time fortunes has been laid frequently in the past in periods of widespread fright and hesitation. Those with the courage to buy depreciated securities of outstanding corporations—leaders in their field—in time of acute depression have usually done well.

The professional man should pursue a balanced investment diet, consisting of high grade and second grade bonds, preferred stocks, and common stocks. A good alternative to common stocks at this time consists of convertible bonds.

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provide definite superiorities to the fountain syringe and the vaginal douche. These and other advantages have won the recommendation of many physicians who indicate Micajah's Wafers in the treatment of irritation or inflammation of the vaginal tract, hypersecretion, catarrh, tenderness, or tissue relaxation. Carries the assurance of years of success in cases of

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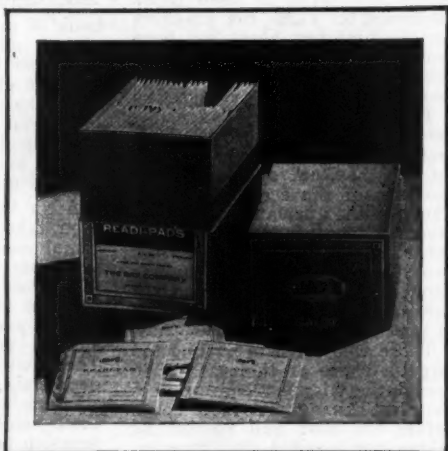
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# The Volcano Puffs

## LEGISLATIVE OUTBURSTS THAT SHOULD WARN US

By E. L. Worth, M. D.

**A**S we read the startling headlines which tell us of a volcanic eruption, we wonder, as many times before, why people consent to live on the sides of an active volcano.

Don't they know that sooner or later it will blow up: that they will lose their homes and all that they possess, even if they happen to escape with their lives? We decide that they must be very stupid, or at least thoughtless.

But are they any worse than the members of the medical profession today? Medical men are living in the midst of conditions which threaten to erupt and to engulf them.

Any one who reads thoughtfully must realize that the world in which we live is changing, if not advancing, with bewildering rapidity. Medical men as a class are involved in the ferment of society, but (again as a class) do not seem to see the portents—to read what the future has in store for them.

One of our ablest thinkers and writers asks the pertinent question: "Will Medical Men Wake Up?" To answer that would be prophesy, and prophets have little honor anywhere. But it is safe to predict that unless the doctors do wake up, they will find that they have become the servants of organized business. Their lives will be regulated by legislative enactments which will

be originated by men who are not in sympathy with the ideals of the medical profession.

To return for a moment to the foolish peasants who live on the side of a volcano. Before the eruption occurs, there are warning rumbles and tremors. These mean nothing in themselves and are disregarded; but as a sign of danger, they are ominous.

Here is a temblor which recently agitated a certain state legislature—a bill which was introduced and which might have passed. Because it was defeated, the warning will probably be disregarded. But one who is thoughtful may look upon it as a portent of things to come. Three sections of the bill are enough to show its meaning:

Section 1. Each medical doctor, psychiatrist, psycho-analyst, or any other kind of doctor whose testimony would be accepted in a criminally-insane trial as authority for insanity shall report to the State Health Officer all cases of mental weakness diagnosed by him within one week after such case has been diagnosed.

Section 2. Any doctor failing to make such report shall be held responsible for the crime (bold face ours) committed by his patient should such patient later become criminally insane; and should said doctor testify in court that to his knowledge and belief said criminal has been of unsound mind or insane for a period of time. In the event any doctor fails to make said report but does give said testimony in court he shall be punished by not less than one year nor more

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than twenty-five years confinement in the State penitentiary.

Section 3. When any case of unsound mind is reported to the State Health Officer, it shall be his duty to instigate all necessary proceedings to have this person isolated from society until his or her mentality has been restored. Should said State official fail to perform this duty and should such person later become criminally insane and commit a crime, said official shall be held responsible for the crime and shall be punished by not less than one year or more than five years confinement in the State penitentiary.

But why worry about this bill, you say; it is only an isolated instance? Why should we leave our homes; that was only a little earthquake!"

It is not an isolated instance. Here is the substance of a bill which was introduced in another legislature not long ago, and which also might have passed:

1. No doctor shall make any examination of a patient without explicit permission.

2. Before making any examination, the doctor shall inform the patient whether said examination will cause pain.

3. If, in examination, the doctor shall cause pain, without having previously so informed the patient, he shall pay to the patient as damages—certain exorbitant sums which were specified.

This bill also failed to pass: only another earth tremor, nothing to fear.

Medical men must wake up and

realize what such things mean. The mere fact that such bills can be introduced, and can be seriously considered by a legislature, is a prophetic sign of things to follow.

A few who can propose such laws today, may become a majority in the future. If that statement is hard to believe, remember the history of the anti-liquor legislation, which seemed so impossible of enactment for many years, only to become the law of the land.

But, one may ask, who would practice medicine under such regulations? The answer is—all those would carry on who did not have independent income, and who could not afford to sacrifice their homes, their livelihood, and the welfare of their families.

How long must we wait for society to demand that those who propose to make our laws for us, shall first prove that they have cerebral equipment?

Legislative committees in our state associations are at present our only protection, and they would seem ineffective enough in the face of a major calamity like state medicine.

What can we do? At least we can make an effort to avoid the destruction ahead by appointing some live committees on Public Relations. Publicity is said to be an effective shock absorber.

Put your Children and Elderly Patients as well as others susceptible to colds, on a routine of

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# Research by Mail

## CALIFORNIA DOCTORS USE THIS MEDICAL LOAN LIBRARY

By M. R. Gleeson

**H**E may be several hundred miles from Berkeley or San Francisco but the medical school library of the University of California is as near as his most convenient mail box for the physician or dentist in California.

The "package loan" plan, adopted a number of years ago, places the vast facilities of the combined medical and dental school libraries in San Francisco, and the library of the Life Sciences Building in Berkeley, almost as accessible to the practitioner in distant parts of the state as they are to the man who lives in either of these two cities.

Hundreds of doctors avail themselves of this service every year; there are approximately 40 loan packages out all the time. To extend the scope of the libraries and permit them to be of service to the greatest possible number, the cost of borrowing represents only postage or other carrying charges. And since books and periodicals may be sent anywhere in California at the rate of three cents for the first pound and one cent for each additional pound, as small an expenditure as 25 cents (covering two-way carrying charges) will promptly bring material which otherwise could not be secured without making a personal trip to the library.

Red tape has been eliminated as far as possible in handling "package loans" to non-residents.

There are no forms to fill out, no deposits required to insure the prompt and safe return of books and periodicals. The doctor has only to write the library on his own letterhead, describing the particular material desired and it is sent as promptly as possible.

Sometimes the physician need indicate only the special subject on which he desires data. If the field is a wide one the library usually submits a bibliography from which he may make selections.

No definite limits have been established on the number of books or periodicals which may be included in a loan package. Common sense regulates the amount of material which may be borrowed at one time. Books and magazines loaned by mail are subject to the same regulations as those distributed in the usual way as far as time limits for borrowing are concerned. Books on reserve do not go out at all; others are loaned for seven days or two weeks and are subject to renewal. Time is allowed for delivery so that borrower may keep the packet for seven or fourteen days as indicated.

The package loan plan has developed no objectionable features, say library executives directly connected with its practical operation. Loan packs are almost invariably returned promptly; no difficulty is experienced in making collections for postage pre-

paid in shipping, and losses are almost nil. It has even been found safe to dispense with insurance in forwarding the packs.

As the non-resident loan service has become better known, more and more physicians and dentists are taking advantage of its economical facilities for securing material for papers or for obtaining advance information which may shed light on some problem of personal practice. In San Francisco the medical library, housed in the south wing of the medical school building has developed an unusually complete collection containing about 35,000 volumes of bound journals and books, 24,000 university dissertations, 19,000 reprints and more than 550 current medical and dental periodicals. Medical and dental school libraries in San Francisco were combined last year. In Berkeley, the divisions of anatomy, physiology and biochemistry have merged their libraries into the library of the Life Sciences Building. Beside this the facilities of the general University of California library are also available, adding another 650,000 volumes to the resources made so easily accessible under the package loan system.

Periodicals represent the loan material in greatest demand. More than half a thousand journals subscribed for, cover not only English speaking but French, Dutch, German, Spanish and many other foreign language fields, including those of South America, Africa and Japan. In many instances before reference literature is sent out it is necessary to write to the physician to determine if he speaks the languages in which they are written. Many of the most important papers are written in French or German but their usefulness is limited by the fact that the majority of medical men seem to have only a bowing acquaintance with these tongues.

Well trained library assistants encounter few difficulties in giv-

ing intelligent reference service by mail. The cumulative index covers material in the periodical field thoroughly. Where problems occasionally arise concerning the books needed for certain subjects the members of the faculty or the library committee willingly cooperate in solving them.

In handling loans correspondence on the part of the library has been simplified as far as possible so that it involves relatively little clerical work in most cases. A multigraphed form letter, when properly filled in adequately covers the majority of package loans.

Some of the periodicals made available at small cost are extremely expensive, costing as much as \$30 or \$40 for a single number and hence beyond the means of the individual practitioner, and even too costly for the resources of the local medical associations which in some instances have established their own small libraries. Such resources as these are much in demand.

Occasionally books are loaned to persons outside the medical profession, as in the case of an out-of-town lawyer who was given such intelligent cooperation in finding just the right reference books dealing with a condition involved in the suit he was prosecuting, that his client was given an immediate verdict.



# A Minister Talks to Doctors

[FROM PAGE 25] ideals which will keep him the fine friend and adviser and inspiration, as well as the technician and the skillful operator. He must be able to order his own life well, in order that he can help in the ordering of other lives in the time of their crisis.

For my friend the doctor is one of the helpers of God. Indeed, he almost becomes God to some of those to whom he ministers. They look to him to perform the miracle which their broken or sick body needs to bring it back to strength and usefulness. They listen for his voice to say: "Arise, and walk!"

Therefore, there is a noblesse oblige that lays hold upon him, which constantly drives him to the Creator of us all in order that he may fulfil his part in using all he has in a way that will be a genuine help, not only in healing physical bodies, but also in producing character and spirit, which after all are life itself.

To tell a doctor that he needs religion is like carrying coals to Newcastle. He knows that he needs it. He knows that without a definite faith in God he cannot accomplish the things upon the bodies of God's creatures, and with their minds, that he must be able to accomplish in a satisfactory manner.

More than this, he knows that without the spiritual strength

that is given to all who seek it, he cannot go through the stress and strain, the wearing, grinding giving of himself, the resisting of the temptations that come in an unusual manner to him. For he is mindful ever of the fact that if he is to give to those to whom he ministers the fine idealism of a God-directed mind, his mind and his life must be God-directed.

The doctor is my friend. I know many of him. It has been my privilege to meet him in the wards, the private rooms and the operating rooms of countless hospitals. I have talked with him in hundreds of sick-rooms, in many of which he has knelt with me at the bedside as I prayed. I have sat with him before the burning logs as the firelight alone outlined the alumni at a fraternity reunion.

I have spent many hours with him in private conversation. I have united him in marriage to the girl who has so nobly helped to make his ministry to his fellows successful. I have baptized his babies, prayed with him in times of trouble or personal sickness. And I have eulogized him both while he lived and when I have read the Ritual for the Dead above his silent body. And my observation has been that the doctor not only needs religion, but that in most cases he has a fine religious faith that enables him to be in a most genuine manner one of God's fine, useful earthly children.

My friend the doctor is not a theologian. He does not spend much time with me discussing the "ifs and the ands," the "hows and the buts" of doctrines. But

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October, 1931

95

his eyes kindle and his lips smile in the discussion of one of his fellowmen who needs not merely the technical skill which he can give, but a vision of God through him in the performance of his physical ministry.

My friend the doctor is a man like me. Together we are trying to help this ailing old world into a better condition. In my ministry I strive to bring the vision of God into the lives to which I minister. I often wish that I could help them in a more material or physical way. The doctor is the fulfillment of my wish in this respect. The doctor brings to them God's love manifested in a human being, as he heals their diseases, binds up their broken bodies, and gives to them encouragement and vision and inspiration to go forth on the next stretch of life's journey.

Yes, my friend the doctor needs religion. And my friend the doctor has religion when he makes the vision of his graduation day at Medical School concrete living. He and I together are striving to do the will of God through the talents and the training and the faith in our Heavenly Father that are ours.

## Garage Attached

[FROM PAGE 32] ing the cars, also long electric wires for lighting. If the lot is deep an expensive pole or two may be required, and neither the wires nor the poles could be considered embellishments to well landscaped grounds.

If the physician must keep first cost of his house down to a minimum (and what young doctor doesn't have to juggle his bank account to provide a respectable looking office and home?)

he should remember that a driveway running to the garage at the back of the lot is not a small item, especially if it is of some permanent construction such as cement or asphalt which does not require continual weeding and resurfacing to keep it in good condition. When the garage is attached to the house only a short drive is required and the cost is greatly reduced.

Moreover, eliminating the driveway from the back lawn opens up new possibilities in the way of landscape gardening hitherto impossible when the driveway cuts its way across the greensward. Or, to speak in terms more familiar to the profession, the driveway cuts the heart out of the backyard garden located on a narrow suburban lot. Think of the space saved when the garage is attached to the house and only a short run of driveway is required. Several hundred square feet of space are made available for gardens,

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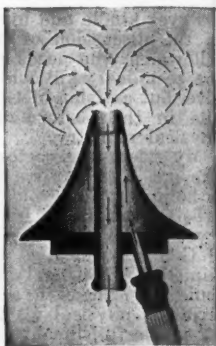
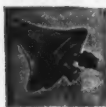


Illustration shows principal  
of continuous flow.

Two new therapeutic instruments for treating internal infections in vaginal and rectal areas.



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This specially shaped vaginal instrument is particularly efficient for continuous douching and dilatation. By stopping outlet, quantity of liquid retained is increased and complete dilatation and thorough cleansing of vaginal walls accomplished. This ballooning out of walls removes all foreign matter, unless attached. This new method has been found extremely beneficial in the treatment of:

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The Rectal Irrigators are particularly designed to dilate the sphincter muscles and to stimulate rectal peristaltic action without harmful colonic distention. They permit long, continuous irrigations, or dilatation, at desired temperatures, without discomforting after-effects. This new rectal irrigation method has proved very efficient in the treatment of:

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Austin's Continuous Irrigators are designed for use when rectal irrigations are indicated and in conditions where douching is recommended as a therapeutic agent. Manufactured of smooth, hard rubber, they are non-conductive to heat or cold, permitting long, continuous irrigation at desired temperatures.

Their use gives no discomfort as they are well formed for insertion and easy tolerance. These irrigators can be taken apart and thoroughly sterilized, can be made a part of any apparatus and any antiseptic that is soluble may be used in the liquid.

Austin's Irrigator-Dilators can be used with equal efficiency and safety either for treatment in your office or under your prescription by the patient at home. Sold only to physicians or on prescription.

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lawns, clock golf, rose arbors, or whatever pet scheme the owner or his better half have been incubating since they envisioned a home of their own.

Making the back lawn and garden the center of attraction seems to be right in harmony with the modern trend in house planning in which the garage, kitchen, stairways, halls, etc., look out upon the noisy street and the curious eyes of passing throngs, but the real "living" rooms of the home—the dining room, living room, library, porches and terraces—look out upon a more peaceful, restful scene—broad lawns, colorful gardens and charming vistas.

"But," the physician asks, "what kind of monstrosity will the front of my house look like with the garage stuck on it?"

The answer to this, from the architectural point of view, is that the attached garage presents no unusual difficulties. In fact some of our most attractive homes are built with the house and garage combined, as can be seen from the examples illustrated herewith.

The combination is adaptable to any style or period of architecture from Norman to Mission, from Spanish to Early Colonial. The location of the garage at one end of the house often provides that necessary something to balance an enclosed porch or other feature at the opposite end. If the owner objects to the garage doors occurring in the front elevation they can be placed on the side or end and in their place, on the front, windows can be introduced.

As a matter of fact, there are no unsurmountable obstacles which should prevent the physician from taking advantage of the savings in space and construction costs and above all from enjoying the great convenience and the conservation of his time and energy, made possible through the building of an attached garage.

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is an absolute cleanser and if your tooth brush is not clean your dentifrice is not a cleanser.

*A clean tooth brush is as essential as clean teeth.*

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is a dependable agent to prescribe in rheumatism, gouty conditions, biliousness, constipation and wherever there is evidence of acidemia or decreased alkalinity.

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## Confidentially Speaking— *there's a job to be done*

**G**RANDMOTHER Peyton Pilaster "Kootchy-Kootchy Kooes" at the nursing infant; Aunt Agatha lends untutored advice in a superior manner; an inexperienced, hysterical mother coaxes and struggles in a labyrinth of calories, vitamins, age and weight tables, general "standards", and blind determination—and forces down the last bitter drop from a graduated nursing bottle—each gurgling bringing "victory" nearer, and leaving Bobbie Coddler-hater Peyton one step closer to the ranks of the vast army of "We Won't Eaters."

It is an irony of present day progress that the modern physician, able to do such intelligent good for the growing infant, finds his skill so widely frustrated by psychological conditions in the home that have developed the troublesome hunger strike of our army of children.

With the legitimate physical causes of anorexia, the physician can deal directly with the infant. But the problem of combating bad mealtime technique in prosperous homes, where his infant patients are coddled, coaxed, and verily forced into chronic anorexia, constitutes one of the most baffling problems of the day. Here the physician can only continue to give his time patiently to the schooling of mothers, fathers, nurses, grandmothers, brothers, sisters, and other offending bystanders.

In an effort to assist in this problem, we are producing a new booklet called "Baby's Vegetables and Some Notes on Mealtime Psychology." In it we attempt to say to the average mother some of the common-sense things that are frequently difficult to express in personal contact. At the same time the booklet includes material which many mothers may be glad to place before other members of the family.

Our interest in producing the booklet is, of course, purely selfish. We cannot but view with alarm the unsuccessful mother who announces that her baby "simply won't eat vegetables," when in most cases the entire responsibility rests

in the faulty technique of the mother—a technique that began destroying normal appetite expression the day the baby left the intelligent, matter-of-fact handling it enjoyed in the maternity division of the hospital.

In the section of the booklet devoted to the discussion of vegetables, we refrain from suggesting the manner in which the Gerber Strained Vegetable Products should be used, as we feel the physician would prefer to supplement this section of the booklet with his own instructions. If you find that the new Gerber booklet promises to be of any value in its contribution to intelligent lay co-operation in meeting the problem of anorexia, we will be glad to supply as many copies as you wish.



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**May we send you a copy to examine?**

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Lillian B. Storms, Ph.D., Director, Dept. of Education and Nutrition, Gerber Products Division, Fremont Canning Co., Fremont, Michigan.

Send examination copy of your new booklet "Baby's Vegetables and Some Notes on Mealtime Psychology" to the address below. It is my understanding that such additional copies of this booklet as I desire will be supplied without obligation on my part.

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ME-11



# Literature and Samples »

**"YOUR OTHER BUSINESS":** This book discusses how to apply the laws of success to your investments. It is intended for investors interested in the principles of investment counsel. Use your letterhead in writing. The address is: Brookmire Economic Service, Inc., Dept. M.E. 7, 551 Fifth Avenue, New York.

**SAMPLES OF STALEY'S SYRUP:** Full-sized sample cans of either Staley's Crystal White or Staley's Golden Syrup for personal test, are offered physicians by Staley Sales Corporation,, Dept. M.E., Decatur, Ill.

**JOHNSON'S BABY POWDER—SOAP AND CREAM:** Full-sized samples of these three products are offered physicians gratis, by Johnson & Johnson, Baby Products Division, Dept. M.E., New Brunswick, N. J.

**NIVEA CREME:** A full-sized tube is offered by P. Beiersdorf & Co., Dept. M.E., 200 Hudson St., N. Y.

**INFANT SKIN AND INFANTS' UNDERWEAR:** Reprint of a survey report prepared by an associate editor of Archives of Pediatrics. For a copy write: The William Carter Company, Needham Heights Station, Boston, Mass.

**CALCREOSE AND EPHEDRINE NASAL JELLY:** Complimentary packages of both products is offered by the Maltbie Chemical Company, Newark, N. J.

**MERCK'S ZINC STEARATE:** A sample can with the new safety, self-closing top is offered by Merck & Co., Inc., Dept. M.E., Rahway, N. J.

**THE CLINICAL APPLICATIONS OF PYRIDIUM:** A well-indexed 30-page booklet discussing the chemistry, bacteriology, dosage, and use of Pyridium. Write: Merck & Co., Inc., Rahway, N. J.

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**PODENE POWDER:** Samples of this product, said to be useful in ringworm of the foot, are offered by Diamond Chemical Works, 19 Vassar St., Rochester, N. Y.

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## Shield is Nobler

[FROM PAGE 13] children, of those from two to five years of age, 75% or more have at least an annual medical examination, 30% have a dental examination, 35% to 50% are vaccinated against smallpox and about 50% are known to be immune to diphtheria. In no community are these four measures compulsory for pre-school children and it is to be hoped they never will be. In but few are any but smallpox vaccinations required for children entering school.

The influence of the medical practitioner and his associates is seen at its best in that field of preventive medicine where there will probably never enter the authority or obligation of law or ordinance. No advocacy of health measures is listened to with the respect accorded to the family physician's voice.

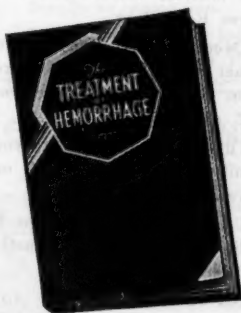
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M. E. 10

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effort similar to that so vigorously cultivated by the obstetrician and the pediatrician. The orthopedist, ophthalmologist and neurologist share with the dentist, the internist and the dermatologist a responsibility for guiding the public towards health by appropriate personal persuasion and example.

The success of each organized effort for control or prevention, whether directed against tuberculosis, syphilis, cancer, diabetes, emotional catastrophe or blindness, has been created in the relationship between physician and patient in which the former matches his skill, his imagination, his physiological acumen against the probability or significance of sub-clinical manifestations of disease, or his knowledge of the usual results of disorders or immoderate ways of living.

The individual physician can rarely accumulate sufficient personal experience with disease, or the variable conditions under which health occurs, to avoid a high degree of probable error in his conclusions as to the relation between cause and effect of personal habits, over-weight, under exercising, short sleeping, too much, or disproportional eating and drinking. He needs must rely upon massed experience and learn to apply other people's assembled facts to the individual man or woman before him.

He must learn that there are at least as many ways of healthy living as there are kinds of disease, and that the essence of his particular privilege is attaining the optimum of health, not the mediocrity of average health, or the mere negative success of freedom from disease, for the client who seeks his guidance.

We have attempted through government great accomplishments in mass prevention of disease. There are now incorporated into our social order functions which could under no safe conditions be trusted to the individual

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*Assimilable*

**Chloropectonate of Iron**

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**Agreeable to the taste:** Being free from the styptic flavor of most iron preparations Pepto-Fer is very palatable. It does not blacken the teeth.

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## *Its Low Bacterial Count*

Repeated bacteriological tests, clinical findings, analyses, etc., have definitely proved that DRYCO contains less than 100 *non-pathogenic* bacteria per c. c.

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An outstanding characteristic of DRYCO is that it is easily and readily adapted to the nutritional needs of the individual baby. The decreased fat content (lowered to obviate fat intolerance) may be increased when desirable; sugar may be added when indicated (DRYCO contains the lactose of natural fluid milk only). Thus, DRYCO allows of specified amounts each of fat and carbohydrate.

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*The Protein of Dryco is 97 Percent. Assimilable!*



or to the family. We pay perhaps a half dollar, at most a dollar and a quarter, often not more than 25 cents a piece each year to secure the administration of public service for health.

Of this about a cent and a half a year goes for the registration and analysis of births and deaths, 8 cents for communicable disease control other than hospital care, 4 cents for tuberculosis, and a cent and a half for venereal disease control, the price of half a glass of milk, 3 cents, to guarantee a tubercle free pasteurized dairy supply, as much as five cents a piece for the safety of maternity and infancy, thirteen cents for school health, a trifle of ten cents for food and environmental sanitation, four cents for laboratory work, with six cents for administration including health education. And all this is for a rather crude broadcast type of mass protection. And yet how priceless the benefits, how totally has the outlook of man and his wife and child been altered by even this wholesaling of health.

In Philadelphia in 1929 the per capita cost of medical care of all kinds was \$52 of which about two dollars went for prevention. The people of an average mid-west rural county spend \$22 per capita each year, of which about 2% is for health. The health officer must operate his specified services under the limitations

imposed by partisan politics and insecure tenure of office, by restricted funds, by the tardily advancing common sense of the populace, and he sees much ahead which he can do to improve water, milk, public understanding, immunity, and physical environment, but even the ablest and best supported, the honest and fairly permanent commissioner of health of state, county or city will quite frankly declare, or admit if challenged, that his potentiality for good is but a fraction of what can be the certain result if physicians in private practice were to enter with as much determination upon health guidance, as they now devote to disease detection and repair.

The future of preventive medicine, the adding of the next and most difficult ten years to the expectancy of life, awaits the universal participation of the practitioner of personal medicine and his patients in the practical use of our abundant knowledge of health development and protection.

It will not be by compulsion or ordinance that the obese, arteriosclerotic, diabetic, or cancer patient will begin to decrease among us, or survive into the allotted seventies, but by such universal voluntary self-interest in health and the management of the later decades of life as will permit the detection of preclinical signs and

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## FOR INSOMNIA

An ideal agent, for the rest it produces is refreshing and is not followed by depression or other disagreeable after-effects.

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**I**T IS important to warn expectant mothers of the danger of calcium deficiency during pregnancy. For unless there is sufficient calcium to take care of the developing foetus, there will be a *withdrawal of calcium from the maternal structures*—resulting, among other things, in rickets, soft bones, and carious teeth.

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Recommend this delicious chocolate flavor food drink to expectant mothers. Not only does it contain Vitamin D—not only does it add 70%

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symptoms which may lead to prevention by minimal changes in the conduct of life, without the panic fear of late inevitable disclosure of advanced irremediable disease. Only through the words of the family physician trusted in birth, sickness, and death will parents and other men and women be persuaded to legitimate and persistent interest in health, and this only when the example of the physician towards his own family and dependents carries conviction of his sincere belief that personal medical practice is capable as much of advancing individual health as it is of relieving and sometimes curing disease.

The influence of the practitioner of medicine in guiding the public towards health is as yet unevenly applied, doubting, almost scoffing, except for the beginning periods of life and growth. It is capable of benefits, to a degree so far surpassing the possibilities of public health agencies, as to justify criticism that it is too timidly conceived.

Constructive nurture often assumed under modern medical statesmanship to be the province of public health becomes effective only when it has lost the implication of generalities and assumes the character of personal guidance by the practicing biologist of today's society the family physician.

To quote from a recent article by Lord Dawson of Penn. "The more the cost of social policy is centralized, the farther its administration removed from the man who receives the benefit, the more apt is that man to lean upon a prop, to become a creature of fate rather than a master of effort."

The influence of the family physician is at its best when it activates the individual to acquire health by the exercise of his own character, to prove to himself that health is a by-product of initiative and effort.

—"a very efficient and agreeable aperient"—says the

## BRITISH MEDICAL JOURNAL

of

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**RECREATION TOURS:** Thirty-five separate itineraries, operated under expert management, and which include evening entertainment and sporting features, are described in this booklet published by the Franco-Belgique Tours Co., Inc., 551 Fifth Avenue, New York.

# Vulcan!

[FROM PAGE 22] gical technique. The aspiring medico dropped the thunderbolt and seized upon the luer. But never did oblivion completely expunge references to physical therapy from medical literature. Vulcan's thunderbolts did not cool; they quietly smouldered.

Following the World War, they again burst into brilliance. With the success of physical therapy in the treatment and rehabilitation of wounded soldiers, and with the desire for new things, this branch of therapy entered upon a renaissance that shook the medical world.

Advances in the realms of biochemistry and biophysics had given us new conceptions of treatment. Better knowledge of electrical phenomena and refinement in electrical construction now gave us new apparatus that was more potent, less cumbersome, and more artistic.

Societies were organized whose aims were to delve further into the mysteries of these physical modalities and their effect upon human tissues. Even medical literature began to notice this phoenix and referred to it more and more often. Behold! The American Medical Association, the Star Chamber of the Healing Art, organized the Council of

Physical Therapy. Thus the ugly duckling became once more a plumed swan. Old Vulcan had bestirred himself and prodded his understudies to new endeavor.

The medical men naturally became interested—the conscientious ones in the hope of adding to their therapeutic armamentarium—the old ones and tired ones from the standpoint, also, of surcease from the grind of regular routine—the lazy ones and charlatans as a possibility of raising the ante.

The irregulars, as might be expected, also stuck a finger in the nice, juicy pie. But in casting about for a source of learning about this new thing, only one was found. Authoritative books on the subject had not yet appeared. The only procedure was to attend the courses offered the physician at various centers. Of course, we all flocked to them: the city man, surgeon, orthopedist, gynecologist, and the half-shy healer from the crossroads.

As consistent with human nature, students at these courses reacted according to their lights. The excitable ones rushed home with loud huzzahs and prepared to spend their remaining days in ease; the careful ones made haste slowly and inquired further. Not until several years later did the American Medical Association make any definite recognition of

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NATURE OF DRUG: A Glucoside from Watermelon seed.

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this new branch of therapeutics, and then it moved with its customary and commendable fore-sight and caution.

Physical therapy was found to have certain definitely beneficial therapeutic actions. It was somewhat mysterious and appealed to that sense of supernatural that we all have to a greater or lesser extent. So it quickly caught the fancy of all: the physician, his patient, and that of the exploiter. The latter, seeing a real opportunity for high-pressure salesmanship and quick profits, pushed it to the extreme. Many physicians were high-pressured into buying equipment which they not only understood very little or nothing of (no one did at first), but also which was potentially very dangerous if misused. Misguided searchers for El Dorado, both in the city and the country, purchased whole outfits including X-ray equipment of such power as to be far beyond their needs. They were on about as safe ground as a six-year old who picks up a hand-grenade.

I have been called into court as witness on several X-ray burn cases that the doctor produced with his "healing therapy." A physician acquaintance of mine in a city of over 70,000 took a whack at himself with diathermy treatment. He cooked his leg so well that gangrene and amputation and eventual death followed. A colleague of mine treated a

chilblain with such verve that the patient spent a whole winter recuperating and limped forever afterwards.

While associated with a large tuberculosis sanatorium, I saw, in consultation work, many instances where physicians were treating advanced cases of tuberculosis with ultra-violet light. Confident in the assurance that the ultra-violet rays would "cure even advanced tuberculosis," they assiduously twinkled it over patients, allowing them meanwhile to continue in those circumstances which first broke them down: physical and mental over-work, worry, etc.

Mind you, I am not trying to make the point that these modalities are worthless. To the contrary, experience has proved them to be very valuable adjuncts in many conditions, *when used properly*. When used otherwise, however, not only lack of improvement, but also irreparable damage, may result.

Many users of physical therapy faced the embarrassment of being forced to retract promises confidently given, or even damage suits for malpractice. With repeated experiences such as these the apparatus was often used half-heartedly or discarded altogether. In my peregrinations over the country it has been my grief to see many such "Graveyards of the Thunderbolt"—a room full of discarded apparatus which

A vegetable tonic Laxative

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**Cascara Comp. Tablets**

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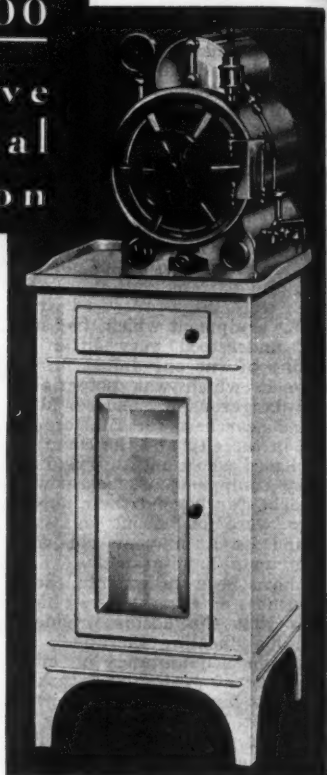
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was purchased under the masterful persuasion of some of the "boys" straining for a sales record.

Enter the irregular. When the trained physician failed to make a panacea of physical therapy, these boys carried on with high zeal. The press and our departed colleague, Abrams, paved the way for them and showed them glowing vistas via the "E.R.A." route. When this was knocked into a cocked hat, it was but a short hop to physical therapy, for here was something new which was not "controlled" by organized medicine. So they twinkled upon and stretched and hammered the patient, who could see himself getting cured. The ponderous machinery of the law had not yet bestirred itself to notice and regulate this new healing agent, so the field of the irregular was "fruit" to such of Vulcan's understudies as were not swayed by too many scruples.

These latter made—and make—hay while the sun shines. In California, two years ago, we often drove along a wonderful boulevard between two cities. Along this thoroughfare were many ordinary frame residences, many of which had been preempted by those who were aching to relieve humanity's ills and who had raked together enough to invest in an ultra-violet generator and a "shaker" or a "puller" or two. Large signs on the lawns before these Temples of Health advertised to the waiting world without that the health-rays and revitalizers and the what-nots would "do the stuff." We looked for M.D. signs in vain on most of these places. It was as if a locksmith might purchase a pair of obstetrical forceps and a roll of umbilical tape and set up as a "birth specialist." Of course he would make a lot of people feel better—mentally, physically, or both, depending on his knowl-

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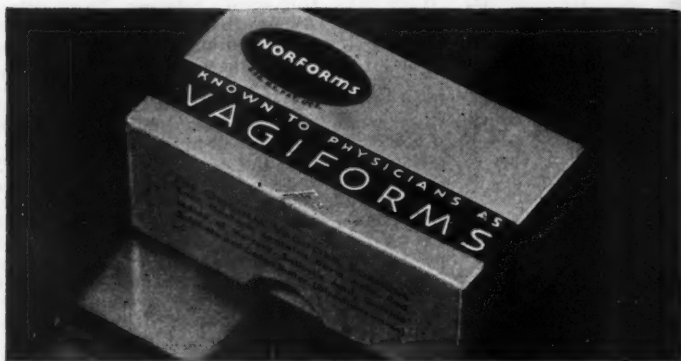
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# NORFORMS



## for SUSTAINED VAGINAL ANTISEPSIS



Norforms meet the need for a non-irritating vaginal antiseptic, designed to remain in contact with the tissues long enough for effective medication. The formula is in a carefully prepared base which melts quickly at body temperature.

In treating such conditions as leucorrhea, vaginitis and cervicitis, many physicians find Norforms of great value. Literature and sample gladly sent to physicians on request.

**THE NORWICH PHARMACAL COMPANY**  
Norwich, New York     :-:     Makers of Unguentine

edge of human nature. So with the priests of any Temple of Health, good or bad.

And now? Pick up any number of magazines and look through the advertising section. You will run across ads, anywhere from a column to a full page in size, depicting muscular men in nice, clean basketball shirts shaving with the divine light playing on their backs. Or pretty ladies in silk underpants exposing their smooth backs or dimpled knees to those wonderful rays.

Or twiddle the dials of your radio and listen to radio-broadcasting-station B-L-A-H. After a wailing seance with some cowboy fiddler, the master-announcer tells you about the wonderful heat generator that will chase away those bad pains and disperse that nasty old "congestion." Or that wonderful battery

violet-light that makes hair grow and wrinkles melt. For that tired feeling, for aching bones, for soft skeletons (no matter what be the cause), for that backward child at school—buy one of these devices and live happily ever afterwards.

What are the feelings of the medico who faces a malpractice charge for X-ray burn? Or of the country "doc" who gazes sadly at his back room full of idle contraptions and thinks sadly of that cancelled trip to Europe? And of the physician-visitor who has his California day spoiled by the blaring messages of those "fanies of light?" Or of the doctor who reads these full-page ads but needs must shave by ordinary electric light, since his old-style machine is too large to fit into the bathroom?

Small wonder that each of these alternately mourned the loss of legitimate income and shivered at the fortitude of those

## PRUNOIDS

A lack of secretion in the intestines is one of the principal causes of chronic constipation. Prunoids given at night over a period of one week will increase glandular activity without exciting pronounced peristalsis, and will gradually overcome this form of constipation.

Prunoids are made of Phenolphthalein (one and one-half grains in each), Cascara Sagrada, DeEmetinized Ipecac and Prunes.

**Sultan  
Drug Co.**

*Saint Louis,  
Missouri*

Gentlemen:

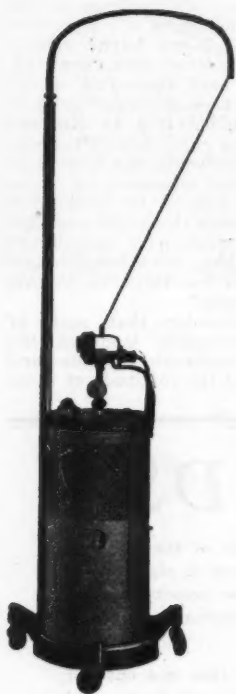
Please send me a professional sample of PRUNOIDS.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

Samples to Physicians Only

# A Most Efficient Medium for Ultraviolet Therapy



## *The New Super Self-Contained Kromayer Unit*

**S**MALLER and more compact than previous models—yet more flexible, this new Hanovia Lamp has the combined Super-Alpine and Kromayer circuit controlled by a simple selector switch. The Lamp has greatly increased intensity that can be minutely controlled to insure correct dosage duplication. Silent in operation—has a specially designed Hanovia water pump and cooling system.

This new unit is greatly improved in appearance and design. The base and top of the old ivory cylindrical case are black—other parts chromium and nickel. All parts are easily accessible.

## HANOVIA Lamps for Light Therapy

*Divisional Branch Offices:*

CHICAGO, ILL. NEW YORK, N. Y.  
30 N. Michigan Ave. 30 Church St.  
SAN FRANCISCO, CAL.  
220 Phelan Building

HANOVIA CHEMICAL & MFG. CO.  
Dept. 2610, Newark, N. J.

Please send me your literature describing  
Hanovia Quartz Lamps and their application.

Dr. \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

who so confidently advised the unlearned to take their well-being into their own hands.

What was the result, ultimately, of this trend of affairs? After the first blaze of wonder and glory had flashed across the firmament of medicine, the leaven of sanity began to work. Empiricism began to be checked up by sober analysis. Case report compilations were systematized and studied. Sober thinkers realized the necessity of placing a sound foundation of fact under this mushroom, which had sprung up in a short few years.

The societies which had been organized began to be whipped into a semblance of order. Instead of being centers of bombast and mutual admiration; instead of pyramiding courage and incentive, they became organizations with a sober aim. Their direction fell into the hands of men who were not marionettes of misdirected zeal. The mass of statement and literature was sorted out—the chaff from the grain—and chaos began to subside.

The Doubting Thomases—those useful, indispensable curbs on overenthusiasm of any new form of medical treatment—began to be able to express their doubts without being shouted down as "quitters". Members of these societies began to learn the *limitations* of these physical modalities—when *not* to use them as well as when to employ them. Finally the American Medical Association recognized that there was good in these modalities and that their direction was finally in sane hands. It recognized them and gave them a respectable name.

Hand in hand with the medical profession itself, the larger manufacturers of the apparatus worked to stabilize physical therapy. Their research staffs co-

## Bedside Urinalysis Case

8 new urine tests readily executed at the bedside.

**SIMPLE and RELIABLE**



A rapid urinary examination for albumin—qualitative and quantitative—sugar—qualitative and quantitative—acetone, renal sclerosis, bacterial infection and presence of pus.

These tests deserve an important place in diagnosis, combining new and exceedingly simple methods of urinary examination without boiling, without corrosive acid and without a microscope.

With only reagent and urine, in one half to three minutes the reaction is completed.

This method makes it possible for the busy practitioner and surgeon, either during office hours or at the bedside, to execute routine urinary tests in a few minutes. The reactions are superior to those of present methods, taking into consideration such factors as doubtful chemical end reactions and dependability.

You do not always want to spend hours making elaborate investigations of the urine or to send specimens to the laboratory entailing expense and loss of time. What you want is to test your patient's urologic condition right there at his bedside and clinch your diagnosis. This you can do with sufficient accuracy for all practical purposes with this Test Case. This Test Case is very convenient, accurate, of pleasing appearance, and can easily be carried in the coat pocket. (EACH TEST COSTS ABOUT 1/2 CENT)

**COMPLETE OUTFIT INCLUDING TESTOMETERS FOR INTRODUCTION.**

**PRICE, \$5.00**

Refilling bottle each, \$1.00

Enclose check—or C.O.D.—  
Phennol Laboratory,  
5709 Lawrence Ave., Chicago, Ill.

Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_

# Detoxification

## Successfully Applied to the Bowel and also to Surface Lesions



**A**MPLÉ clinical evidence continues to confirm the value of the detoxifying agent, Soricin, in the intestinal tract. Soricin is a physiologically standardized preparation of purified sodium ricinoleate.

By its use toxic absorption from the bowel has been largely overcome. When such conditions as headaches, vertigo, chronic constipation, so-called chronic appendicitis, and gall bladder infections, urticarias, eczemas and arthritis are directly or indirectly due to an absorption of toxin from the intestinal tract, the logical treatment is detoxification with Soricin.

Three to four ten grain Soricin Capsules a day represents the dose recommended by the original investigators. After about two weeks, three to four five grain capsules given daily over

a period of six weeks to six months, according to the severity of the case, will provide continued detoxification long enough to allow the restoration of a normal condition. Soricin Capsules should always be given on an empty stomach about twenty minutes before meals, and at bedtime, with a glass or two of ice water.

**For Colonic Irrigation and Wet Dressings:** Soricin Surgical is recommended for use in colonic irrigations; also for vaginal douches, wet dressings, for the treatment of ulcers, infected wounds, gangrene, etc., and for infected surgical cases.

For full information and clinical samples of Soricin Capsules or Soricin Surgical write **THE WM. S. MERRELL COMPANY, CINCINNATI, OHIO.**



operated with the medical profession in collecting data and disseminating authentic results and information. They trained their representatives to recede from the fantastic to the proven in their sales talks, and to attempt to confine their sales to the potentialities of their prospective customers. Some of them instituted training schools or courses for technicians. Authoritative text books appeared, which enabled physician and technician alike to avail themselves of the actual experience of others in this field.

These efforts brought results. Hospitals, which had before stood back and awaited further developments, installed departments of physical therapy. Some of these departments are wonderful, efficient creations in charge of thoroughly-trained technicians. Others just added some modalities as extra equipment. But in either case, when correctly ad-

ministered, these departments are accomplishing results that were before impossible.

Physicians and surgeons in private practice are also using many of these modalities in their routine work. Physicial Therapy is being mentioned as casually in the literature as X-ray, radium, or castor oil. *It has arrived.* Gone are the days of hallelujah and hullabaloo. It is a respectable form of therapeusis, and is here to stay.

And so, Old Jove pulled another swift one. For a time, just as in the days of Faraday and Volta—he let mankind play awhile with his thunderbolts as with toys. Until they learned that, unbridled, these thunderbolts might be dangerous. Then he spanked the bad ones, rewarded the good ones, and then turned his attention to other business.

### "The Army of the Reds and Whites"

referring to the corpuscular elements of the blood, is called upon to repel invasion from without or to resist infection from within the body. Blood dyscrasia, or impoverishment, toxemia or sepsis, produces the so-called typhoid or malignant state in acute infectious disease, sepsis, organic dysfunction.

## ECHITONE

supplies, Echifolia, Iris and Viola, time proven and trial tested remedies, capable of full dosage and producing actual therapeutic effect. GENITO-URINARY SEDATION such as supplied by Thuja, Pichi, Triticum Repens, Saw Palmetto and Hyoscyamus in

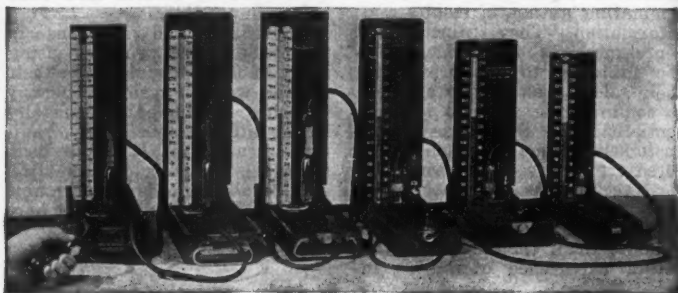
## CYSTO-SEDATIVE

is indicated in Cystitis, Prostatitis, Urethritis, (acute or chronic) Enlarged Prostate, Stranguary, Incontinence.

*Samples and literature on request.*

**STRONG, COBB & CO.**

**Cleveland, Ohio**



## Try This Simple Test

and then equip **PERMANENTLY** with a  
Lifetime Baumanometer

**T**HE chief function of a bloodpressure instrument is to indicate accurately the exact pressure in the arm band. If it does not do this, it is, of course, impossible to obtain accurate systolic or diastolic pressures.

Above are shown six Baumanometers ranging in age from fifteen years to a brand new KOMPAK Model. Connected to one inflation system all register exactly alike and accurately. Any of the more than 100,000 Baumanometers in use throughout the world would likewise show the same dependable accuracy. All are scientifically and **PERMANENTLY** accurate because the operative principle of the Baumanometer is the immutable law of gravitation.

### THE TEST

When you are in doubt as to the accuracy of your own instrument, connect it to a Baumanometer, as in the test shown above—any discrepancy will be instantly apparent.

Every genuine Baumanometer is a Master instrument—simple to use—practical and attractive in design and a **PERMANENT** piece of equipment for your office or bag.

There is a Lifetime Baumanometer for the Wall, for the Desk, and for the Bag—the new KOMPAK Model, shown above at the extreme right, is cased in duralumin covered with genuine leather, weighs only 30 oz. and is the Lightest, the Smallest, and the Handiest.



**W.A. Baum Co. Inc. - Originators**

*and Makers Since 1916 of Bloodpressure Apparatus Exclusively*

100 FIFTH AVENUE

NEW YORK



## Doctor Brown Speaks his Mind

[FROM PAGE 21] Just the case which seems so simple may prove to be otherwise. And if the patient would only work with us willingly, when out of our presence, instead of trying to use an entirely untrained and useless judgment in affairs of the flesh, the results would be far happier for all concerned.

Often our patients go home and place the prescribed bottle of medicine on the bath-room shelf and forget it, then wonder why they continue to have pain in their eye or why this or that does not function as it apparently was designed to do. They have neglected to do their part, yet they will instantly pile all the blame on the physician for their failure to recover.

And in the matter of sound, expert advice given in the consultation room, patients as they sit in that comfortable chair, in the presence of the physician, may have every intention of carrying out his instructions about—let us say—their diet, which, incidentally, is a highly important matter in relation to the treatment of almost every kind of human malady.

They say: "Yes, doctor, I won't forget that. I'll be careful..."; and when they reach the street they stop to gape into shop windows until every last trace of the timely, wise advice for which they *may* have paid (or for which they ought to have paid) is absent from their memories.

At home Hubby asks them where they have been.

"Oh, down to see Doctor Thompson."

"And what did he tell you?"

"Well, I.... I....don't quite recall clearly all his directions now, but I'll think of them soon. I remember he said not to eat

## Cystogen

### A Non-Irritating Urinary Antiseptic

**CYSTOGEN** (pure methenamine) is dependable and of uniform potency. Long and thorough clinical tests have proved its antiseptic effect in the presence of acid urine.

In inflammatory conditions of the urinary tract, **CYSTOGEN** restrains bacterial growth without causing the slightest irritation. Its efficacy in this respect is due to the fact that it liberates germicidal formaldehyde in a concentration that is accurately controlled by the natural acid reaction of the urine.

*Mail the coupon for professional samples.*

#### CYSTOGEN CHEMICAL COMPANY

220 36th Street,  
Brooklyn, N. Y.

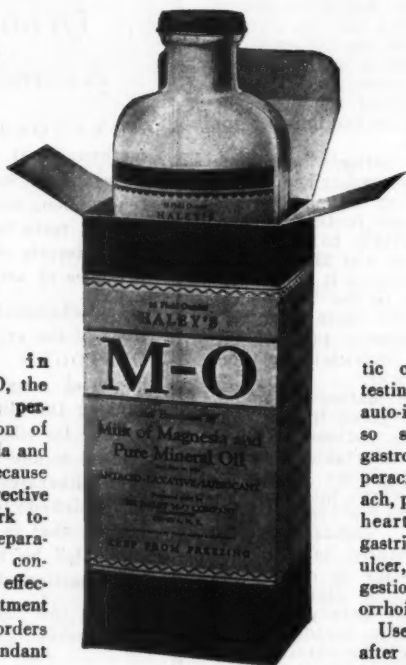
Gentlemen: M.E. 10-31  
Please send literature and  
samples of CYSTOGEN.

Dr. \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

# Doubly Effective because: It counteracts hyperacidity It induces normal passage



**COMBINED** in Haley's M-O, the doctor finds a permanent emulsion of milk of magnesia and mineral oil. Because these two corrective agents now work together, this preparation may be considered doubly effective in the treatment of digestive disorders and their attendant ills.

Although M-O provides antacid, laxative and lubricant all in one, normal doses neither cause leakage nor disturb digestion. It is nearly tasteless, easy to take; children do not detect it in their milk.

M-O is exceptionally useful in spas-

tic constipation, intestinal stasis and auto-infection. It also serves well in gastro-intestinal hyperacidity, sour stomach, palpitation, heartburn, pyrosis, gastric or duodenal ulcer, intestinal indigestion, colitis, hemorrhoids.

Useful before and after operations, during pregnancy and

maternity, in infancy, childhood, maturity and old age. An effective antacid mouthwash. Procurable at all druggists'.

Liberal sample and literature sent on request. Address the Haley M-O Company, Inc., Geneva, N. Y.

## HALEY'S M-O

-an emulsion of milk of magnesia and pure mineral oil-

fried cabbage and that I should limit my candy to not more than a half pound a day—but I'm too tired now to tell you all about it. Wait 'til I've had dinner."

Most naturally, Hubby wonders why she ever went to the physician in the first place—it was not very helpful if she's forgotten already what he so carefully told her. And this is the very reason why many of us supply our patients with printed directions—which are a great memory-help, as is obvious.

Yet if we do much of this helpful thing our clientele promptly thinks we do not give particular, personal attention to his or her case, that we handle them in a mechanical fashion, something like the alleged funny story about the busy doctor who was wont to consult a list on his desk and then write a prescription on his favorite druggist for No. 44 (for the rheumatiz) or No. 78 (for sciatica).

Often, painfully so, the patient at home talks the matter over with the family at dinner that evening, not always in a kindly, fair or charitable manner; and if the physician should have given the least impression of dubiety or uncertainty he is roasted to a frazzle for his ineptitude. They clearly infer that he must be superhuman, godlike, perfect, infallible—for a fee of five dollars or less.

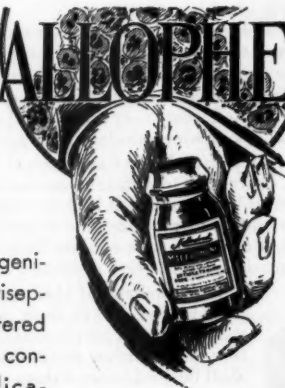
Frequently patients lie about their age or their past sicknesses, and likewise use their own valueless judgment as to what to tell their physician and what to withhold. The very datum which they keep back may be the key-factor to the solution of their whole problem. It tends frequently to be that very thing.

It is essential for the physician to be a keen inquisitor, an alert practitioner of psychology, to bring out the facts; also to have a working knowledge of telepa-

# MALLOPHENE

## In Gonorrhea

A descending genito-urinary antiseptic, administered orally, giving continuous medication.



An azo dye, deeply penetrating, antiseptic, bacteriostatic, nonirritating, sedative.

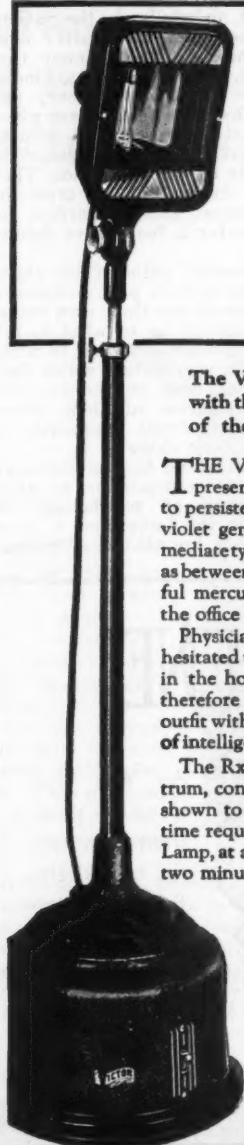
**Send for  
Literature.**

**MALLINCKRODT CHEMICAL WORKS**

Med. Dept. 32

Second and Mallinckrodt Sts.,

St. Louis, Mo.



## *When You Prescribe* **Ultraviolet Treatments** *in the home*

The Victor Rx Quartz Lamp may be specified with the assurance that, under your supervision of the case, it is of real therapeutic merit.

**T**HE Victor Rx Quartz Lamp is an addition to our present line of professional models and the answer to persistent inquiries from the profession for an ultraviolet generator which could be considered an intermediate type, from the standpoint of ultraviolet intensity, as between the usual so-called home lamp and the powerful mercury-vapor quartz lamp used by physicians in the office and hospital.

Physicians who use the mercury-vapor quartz lamp have hesitated to suggest the use of the standard office model in the home, because of its high intensity, and have therefore desired, for selected cases, a moderately priced outfit with adequate output, and still safe in the hands of intelligent patients under the physician's supervision.

The Rx Quartz Lamp has a typical mercury arc spectrum, containing in sufficient intensities the radiations shown to have important biologic effects. The average time required to produce a mild erythema with the Rx Lamp, at a 30-inch tube-to-skin distance, is from one to two minutes, which gives some idea of its effectiveness.

The purchase of this type of therapeutic lamp by the layman must necessarily require the approval of his physician, and if you, therefore, wish further particulars regarding it we shall be glad to send them on request.

### **GENERAL ELECTRIC X-RAY CORPORATION**

2012 Jackson Boulevard

Chicago, Ill., U. S. A.

**FORMERLY VICTOR X-RAY CORPORATION**

Join us in the General Electric program broadcast every Saturday evening over a nation-wide N. B. C. network

thy aids greatly. Often it is my feeling (just that) that my patient is not telling me the truth or the whole truth; and my case histories often bear abbreviated notes: "lying", "holding back", etc.

Some patients—not many, thank heaven—have a very atrophic sense of square dealing with their doctor. The case may be moving along in a fashion which is about all the physician could expect, under the circumstances. Perhaps it is slow, but the mother becomes impatient and so calls in another physician without mentioning that important fact to Doctor No. 1, and when he learns of this, which he is certain soon to do, she meets his earnest, vehement protests for her lack of fairness with him, by the argument that if she had allowed the two physicians to handle the case together, being mutually helpful, they would have patched up an agreement and both made the same sort of report—which, as a matter of fact, is not usually the case.

Physicians very freely disagree, and commonly. But this mother does not appreciate that what she does is contemptibly lacking in all the elements of helpful fairness, nor does she help the patient one slightest bit.

She will minimize the quality and extent of the work of the first doctor in discussing him with the second one, and will furnish the second one with such data as she thinks will produce a decision in accordance with her own preconceived ideas of what is the matter and how to remedy it. The personal harm done the patient by this method is overlooked, as is the indirect annoyance and possible grief she is bringing to herself. Fortunately, these occurrences are not very frequent. Her action, curious to say, is not the result of being pressed for the payment of the fee—that almost never enters into the matter. And the physician would much better lose his

## BILE SALTS COMBINED *Lederle*

With Cascara and Phenolphthalein

**THIS** combination contains .065 gram, (1 grain) Purified Bile Salts, .033 gram, (½ grain) of Extract of Cascara and Phenolphthalein. Indicated to relieve constipation and its secondary factors.

*Physician's sample on request*

**LEDERLE LABORATORIES**  
INCORPORATED

511 Fifth Avenue

New York

## BIG SAMPLE OF MU-COL

(Enough to make 6 quarts)

**Aseptic,  
Prophylactic,  
Anti-Catar-  
rhal,  
Anti-Febrile.  
A Cooling,  
Healing,  
Post-Opera-  
tive  
WASH  
that Gives  
Effective  
Results.**

# FREE

A host of physicians turn to Mu-col when it is undesirable to prescribe or use corrosive coal tar, or phenol washes in effective strength. Cooling, soothing, it is a fine prophylactic and detergent. Assures cleanliness throughout the entire membranous area. A saline-alkaline powder, easily soluble in water. Superior for feminine hygiene.

*Mail Coupon for Sample NOW*

Mu-Col Co., Suite 322C, Buffalo, N. Y.

Send sample of Mu-Col, enough for 6 qts. **FREE.**

Name..... M. D.

Address .....

(please attach coupon to your letterhead)

# A DEPENDABLE TRIO

*That should be included in your  
materia medica*

MYODINE  
IODOTONE  
PHOSPHORCIN

A vegetable iodine solution useful in Tonsillitis, Laryngitis and as a gargle and antiseptic mouth wash.

A glycerole of hydrogen iodide superior to KI as it does not cause gastric irritations.

A reconstructive and nerve tonic containing the glycerophosphates with nux.

*Liberal samples of any or all of these products sent on request.*

**EIMER & AMEND**

Est. 1851

Inc. 1897

Third Avenue, 18th to 19th Street, New York



## Marvel O-Q-S Vaginal Suppositories

Formula: Oxyquinolin Sulphate, Dithymol Iodide, Boric Acid, Zinc Sulpho Carbolate, Theobroma Oil Base.

Marvel O-Q-S Vaginal Suppositories owe their effectiveness to the action of the Oxyquinolin Sulphate on the Di-Thymol Iodide at body temperature and in the presence of moisture. Under these conditions Iodide Compounds are progressively released and because they are held in contact with the mucous membranes by means of the Theobroma Oil, exert

a continuous and relatively long, beneficial action.

Nationally advertised by the makers of the Marvel Whirling Spray, the Marvel Whirling Fountain, Marvel O-Q-S Douche Powders and other standard instruments and preparations for feminine hygiene. Marvel O-Q-S Vaginal Suppositories are packed 18 to a box, individually wrapped in silver foil.

----- This coupon will bring you samples. -----

THE MARVEL COMPANY,

M.E. 10

P. O. Box 1911, New Haven, Conn.

Gentlemen: Kindly send me a sample of Marvel O-Q-S Vaginal Suppositories.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

fee than be treated in such an unfair fashion.

The effect of the work of the many quacks who go about with noisy lectures, as well as those who stay at home and write neatly, is a vicious one upon the public. Of course, all of us know that the abuse of medical practice is as old as the human race, descending to us from the dark days when the medicine man started his horrific incantations.

And our people still wander about, open-mouthed, seeking new gods in physical things, just as they do with their amusements and craved excitements. They attend the lecture of some brazen-lunged fakir who has prepared a capital discourse, which he delivers for the known purpose of deceiving the ignorant populace which drink in his words and believe them as though they were true. This condition prevails particularly in those who lecture on the popular subject of dietetics. Perhaps this current interest in diet is closely related to the recently fashionable sleekly slim figure.

These quacks give out or sell well-written pamphlets that the public take home and treasure as gospel truth; and if a trained medical person were to dissect the cruel deception contained in them they would instantly turn on him with the gentle remark that he's jealous. He well may be jealous—there is reason for being

so—for these quacks frequently make plenty of money, such as it is, and the earnest, conscientious physician, a fixture and personage in the community, who ventures to criticize is thought to be working merely for his own selfish ends. It's just a case of casting pearls. ....

Many of our patients say we ought to compete with the fakirs by putting out our own printed matter, and find it difficult to understand our attitude in such matters as seem to smack of advertising. As a matter of fact, with this suggestion they do pierce a joint in our armor. Our logic fails. And voicing my own opinion, I hold that the medical profession as a body should advertise by means of billboards, newspapers and other suitable vehicles, telling the people of the value of the yearly or semi-yearly physical examination, by which we might help largely in the prevention or the handling of tuberculosis, tell them how to catch cancer before it catches them, and an endless list of highly valuable, strictly humanitarian subjects. To be sure, such advertising would help the physician, but also it would assuredly benefit the public far more. However, the people want their facts with a sugar coating, like their medicines; and the facts preferably should be pleasant ones. They like what they want to know—which is quite what they

### *Physicians Prescribe*

## **BROMO ADONIS**

*in DISEASES of the NERVOUS SYSTEM*

#### **Bromo Adonis No. 1**

When symptoms of nervous irritability make their appearance, as in Hysteria — Nervous Indigestion — the Menopause — Insomnia, and as an adjunct in Petit Mal Epilepsy.

Check the preparation desired, for free sample

**TUCKER PHARMACAL CO.**

#### **Bromo Adonis No. 2**

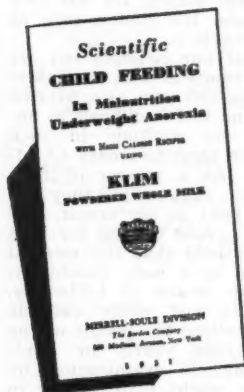
is used with lasting and satisfactory results in obstinate cases of Epilepsy and where a potent sedative is indicated.

(10) 221 E. 38th St., New York, N. Y.



# A NEW IDEA

An Immediate Response  
from the Medical Profession



*Diets reinforced with Klim present a successful new aid in the treatment of underweight, malnutrition, and anorexia in children.*



**A**PPROXIMATELY 13,000 copies of "Scientific Child Feeding" were sent out within six weeks after its announcement, the greater part of these in response to individual requests. This pamphlet gives some 70 recipes in which caloric values and nutriment are increased by the addition of Klim Powdered Whole Milk.

"It is an excellent little booklet," writes one of the country's leading pediatricians, while a general practitioner tells us it is "extra good." A state health department requests 150 copies for local physicians, and an eminent authority on child care asks for 50 copies of the mother's edition for his patients.

What is this pamphlet that has been so enthusiastically received? "Scientific Child Feeding" con-

tains inviting and practical recipes in which the caloric values have been increased from 25 to 75 percent, by incorporating Klim Powdered Whole Milk. *Only through the use of Klim are such increases possible.* There is also, of course, an increase in the fat, protein, mineral and vitamin content, but no appreciable change in the texture, taste, or consistency of the recipe.

These diets may be prescribed by the physician for individual cases of underweight, malnutrition and anorexia. They give results.

Mail the coupon for your copy of this helpful booklet. You will find it of inestimable value in directing child feeding, one of the great problems encountered in practise.

Merrell-Soule Division, The Borden Co.  
Dept. ME, 350 Madison Ave., New York

Gentlemen: Please send me a copy of "Scientific Child Feeding," together with 6 copies of "Reinforced Diet Recipes" for my patients' use.

Dr. ....

Address .....

City ..... State .....



are fed by the knowing quack, who in his specialized racket is not excelled by the sophisticated serpent.

And such advertising would put the medical profession in its merited and proper position before the public.

There is something in Holy Writ to the effect that if they smite us on the left cheek we should turn the right one for similar attention, and then we may depart mumbling to ourselves about meekness of spirit. This moral lesson, as such, applied in the case for which it was first used; yet such conduct is entirely unjustified on our part as physicians when by our very gentleness of demeanor we bring serious physical damage to our fellow men. As such the mild attitude becomes merely spineless acquiescence in wrong-doing. For us to be spirited in defense of the truth is merely an act of popular service.

The medical profession owes itself some personal attention, notably to bestir itself from within and to sell itself to the public. They await us with open arms, but we will have to come to them much more than half way.

## Speaking Frankly

[FROM PAGE 7] no community of any sizeable proportion that is in the clear. Probably the best thing for us to do now is to come out from under the bed and look the situation square in the eye.

Possibly in our zeal to be ethical we fail to take into account the changed living conditions of today. Suppose a general practitioner has a case that he has been battling with for weeks or

---

# Elixir MALTOPEPSINE

A most palatable digestive agent, adjuvant and vehicle of unsurpassed merit.

Especially indicated in the treatment of digestive and intestinal disorders in children.

This preparation in addition to one grain U. S. P. Pepsin in each fluid dram, contains malt diastase, dioscorein, nitro-muriatic, phosphoric and lactic acids in correct proportions.

*Physicians sample on request.*

Prepared only by

**THE TILDEN COMPANY**

*Pharmaceutical Chemists since 1848*

New Lebanon, N. Y.

St. Louis, Mo.

---

# THE VALUE OF AN inhalant IN RELIEVING COLDS

THE specific action of Vapex—an inhalant for colds—is to contract the congested and inflamed membrane of the nasal passages—thus permitting easier breathing and preventing, to a large extent, excess formation of mucus. In nearly all cases, this relief is effected after a few deep breaths of Vapex.

It is worth noting, too, that a majority of the persons who use Vapex in the early stages of a cold tend to throw off the cold. While no definite claims are made to this effect, it seems safe to assume that Vapex, used early, will check the spread of a cold.

Vapex is suggested to physicians as a supplement to their regular prescriptions for treating colds. It is particularly welcome to patients because it relieves distress quickly, and in the night will often aid in inducing sleep by alleviating nasal congestion. Its pleasantness and ease of application make it particularly valuable for children's colds.

A complimentary bottle will be sent to any physician who requests it on his prescription blank.

# V A P E X

Reg. U. S. Pat. Off.

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months; then he decides that a surgical operation is indicated and the surgeon is called in. When the operation is over the surgeon hands his colleague a "fee for taking care of the patient when he returns home" or it may be called an "assistant's fee"—or by some other name.

I fail to see where there is any crime in such a transaction. Even though the surgeon gives the internist half of his fee or all of it, that seems to me to be his affair. I have known a specialist to be called in to help a brother practitioner, and when he found that the patient was able to pay only a small fee, he refused to take anything for himself, but insisted that the physician on the case collect what he could and apply it on his own bill.

Some have contended that it would look more ethical and put the doctors in a better light, if they would make their transaction public. I do not see where they are called on to open up their private business in this case any more than along other lines. We do not usually tell the patient the ingredients of a prescription nor do we diagram and explain the technique of our treatment.

Others feel that when there is a division of fees, it means that the green lights are turned on for medical men to exploit the public. But there need be no fear that any reputable physician will

get more out of the public than he gives, for there is not a man from the most humble physician in the poorer community to the most top-notch surgeon who does not daily do work for which he is not paid.

Today fees are more standardized than ever. When a patient is referred to the specialist by the family physician, the charges are the same as they would be if the patient came direct. Sometimes the specialist will charge even more when the patient comes to him direct, for he has more work to do in such a case. Hence, it can be seen that the public is not likely to suffer from exorbitant charges.

It frequently happens that after the patient has paid the surgeon's fee, he has nothing left for his regular physician; so if the surgeon did not open his heart and divide, the practitioner would be left high and dry on a sand bar.

Dennis A. Bethea, M.D.

## Servetus

TO THE EDITOR:

In April MEDICAL ECONOMICS, under the title of "Illustrating", by Carl D. Clarke, appeared the following misinformation.

The author says, "Many medical truths are obscure to the world because of the slovenliness or inability to write on the part of physicians and inadequate drawings or no drawings at all

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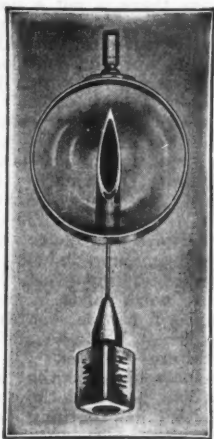
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to illustrate the pages of medical publications—just as they were lost in the superstitions of the past—in 1553 when the Roman Church (sic) seized Servetus, destroyed his books, and burnt him at the stake. Harvey's theory of the circulation of the blood, given to the world in 1642 would possibly have been less startling had this martyr to medicine been allowed to live and his books been preserved."

It is difficult to see any connection between slovenliness and inability to write, and being burnt at the stake. Servetus was born in Spain in 1511. He studied law, medicine and theology. His published religious views incited the enmity of John Calvin. Calvin, furnishing private letters for his condemnation, had him delated to Lyons for trial. Escaping from the authorities at Lyons, he went to Geneva in August, 1553, where he was observed in Church.

Calvin had him arrested and tried on forty counts, the trial lasting about two months, with some interruptions. He was convicted and sentenced to be burned at the stake. His execution took place on October 27, 1553, with a copy of his book (Christianismi Restitutio) tied to his girdle.

Gibbon and other writers strongly condemn Calvin for this act. This information is readily obtainable from Chambers Encyclopedia, under separate headings of John Calvin and Servetus; the Encyclopedia Britannica; the Catholic Encyclopedia under John Calvin; the Catholic dictionary under John Calvin and Servetus, and the French and Italian Encyclopediae.

Seven years before, Calvin had warned him, saying, "If he comes hither (to Geneva) and I have any authority, I will never let him quit the place alive. (*Nam si venerit, modo valeat mea auctoritas, vivum exire numquam patiar*) (Chambers). And so it was.

It is evident that Servetus was executed for his religious views

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M.D.



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by John Calvin, and the book burnt was a religious one, containing an account of the pulmonary circulation.

To one having an interest in medical art, it is regrettable to find these inaccuracies in an otherwise valuable contribution to medicine.

The writer hopes that the publishers will find a way of lessening, as far as possible, the harm done by this mis-statement of facts. The "Roman Church" is not a proper designation for the Roman Catholic Church.

John J. Sullivan, M.D.

# Broadcast

TO THE EDITOR:

The article by Floyd W. Parsons in the current number, concerning the stock exchange, is so good it ought to be broadcast in every way possible.

Ross E. Gunn, M.D.

# Thieving

TO THE EDITOR:

Floyd W. Parsons' article on the stock exchange deserves the endorsement of every thinking individual throughout the country.

I have tried for years to persuade senators, congressmen, and others to use their influence to curb the diabolically privileged, governmentally sanctioned stock exchange of thieving practices year after year.

Some of his statements are almost verbatim of what I expressed in an article written ten years ago. I am glad I saw Mr. Parsons' ably and fearlessly expressed article and want to express my thanks to MEDICAL ECONOMICS for its courage in printing it.

The power behind the exchange to silence such action makes it seem almost impossible to accomplish anything.

Charles Lee, M.D.

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Gentlemen: Kindly send me a sample of  
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Dr. ....

Address .....



## 19 days— 9 hours

[FROM PAGE 27] more artistically phrased prescriptions appear to the eyes of the uninitiated—they meant, in other words, exactly nothing. The head, the sheet and the tack of the balloon stay sail were meaningless.

About the time that I was becoming oriented between port and starboard, mains'l, fisherman staysail, and other various pieces of canvas that billowed in the misty regions at the nether end of our 90-foot mast—and was able to scramble from bow to stern without tripping over cleats or winches, or making a flying tackle on a life-line at each pitch and sway of our littered deck—just, in other words, when I was acquiring sea legs, I took seasick. Followed a three-day black void. Then came the Gulf Stream and calm weather.

While there was wind, we made the most of it. This was a race. With a greater variety of sails than I would have thought belonged to a square-rigged barkentine we tried to bag every ounce of velocity that swept around our 90-foot matchstick. This meant a continuous routine of changing sails, adding or taking off, trying the spinnaker out and a half hour later taking it in, gybing on to the starboard tack and back again as the wind shifted a point.

In a few days, the back ache, the sore hands, and a good part of the clumsiness disappeared, along with the seasickness, and for the rest of our 19 days and 9 hours at sea, the land-tied physician acted the part of a more or less efficient and able-bodied yacht sailor.

He slowly learned where to betray the jigger on the working

## Even Doctors Get Tired

When fatigue toxins slow you down, Doctor, and when you know how essential it is to think with clear headed efficiency—

*Drink -*

# BUFFALO MINERAL WATER



It will stimulate renal activity, and eliminate toxic wastes from the blood and tissues. This natural calcic water has unusual diuretic powers, and being definitely alkaline, exerts a prophylactic influence against acidosis.

Make a trial of it on the next occasion when you are under par by drinking a half-gallon bottle a day for a few days and notice how much clearer you think.

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jib halyard and how to lead the forward guy of the spinnaker boom through the hawser hole.

The white spray under our bowsprit gave a purpose to the endless changing of sails. Then we entered the local doldrums of the Gulf Stream! Here we raised every bit of canvas on board in an effort to locate some stray whiff—and ended by lowering all sails, so they wouldn't flap. Eventually this, too, ended and then came wind, plenty of it, but never so much that we were forced to reef sail.

Under this favoring breeze but unpleasant weather we spanked along toward Plymouth, living in oilskins, sleeping in wet bunks, dreaming of dry clothes, a stationary bed, and a meal with dishes on the table, that awaited us somewhere ahead over the bow.

Did I say food? Well, there were chickens, fresh fruit and green vegetables—while we were in sight of Newport. From there on bread was a staple—until the mold grew so thick that it couldn't be cut off. There were eggs, kept under the dingy on deck. There was butter put up in cans, and meat stored in barrels of brine, the recipe being to soak it in sea water for a day, then in fresh water for another day, and then to the stew.

Midnight of July 23, the light-houses of the English Channel came up over our port bow. Then the flashing buoys of Plymouth Harbor, and to an anchorage—the fourth arrival in the race.

At the Royal Western Yacht Club, Plymouth, we had our first shave and hot bath in twenty days. Oh, yes, I sure would go again!

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It is a fact that the combination of the five Bromides of Potassium, Sodium, Ammonium, Calcium and Lithium presented in a pure and eligible form has decided advantages over the single salts.

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# Publicity

[FROM PAGE 19]

singular achievements, unique and outstanding practices, should be kept down to an absolute minimum. In theory, the physician speaking on the radio is the vocal representative of the medical profession addressing the public. He brings to the public the fruits of many men's labors. In this, he is the custodian and administrator of the wealth accumulated by the scientific endeavors of the profession. His personal interests, and individual convictions must be placed secondary to the interests and dominant convictions of the profession. There are proper channels provided for the advancement of a physician's medical ideas.

It is desirable that talks over the radio by physicians should be given under the auspices of the designated committees of the New York Academy of Medicine and of the Medical Society of the County of New York.

Commercial organizations may purchase time "on the air" with increasing frequency in order to procure good will, and use it for broadcasting public health information. Frequently, physicians are employed to compose and deliver such broadcasts.

Provided that the commercial organization is of reputable standing, there is no objection to physicians accepting such

employment. A physician must not, however, make his address an endorsement or testimonial for the product or products of the organization on whose time the broadcast is given.

In order to safeguard himself and the profession, when such employment is offered him, a physician should confer with the Medical Information Bureau, both as to the standing of the commercial organization with which he is to make a connection and the contents of the paper or papers he proposes to broadcast.

It is also important that the announcer's continuity should be acceptable. No exaggerated or unwarranted claims should be allowed, nor should the announcer be permitted to imply that the speaker endorses the commercial organization or its products.

## MAGAZINES AND PERIODICALS

Articles written by physicians for magazines on medical topics affecting the profession should be subject to pre-publication review by the local medical organization.

## SUMMARY

The full intent of these considerations is to facilitate and in no way to hamper educational contact of the profession with the public. They are designed to encourage the articulateness of the profession. They provide against objectionable publicity by self-seeking individuals whose only design is to aggrandize their persons beyond all merit.

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